

REQUEST FOR ADMINISTRATIVE REVIEW
OF INITIAL PRICING ACTION

HRD 276
08/11/03

I. REQUESTOR

Employee Name _____
Name of Representative and organization, if any _____

II. INITIAL PRICING ACTION DISPUTED (Attach copy of HRD-1 and HRD notification letter)

Pos. No. _____ Dept. _____

New Class Title, Class Code, Pay Grade, BU, effective date _____

Date of HRD notification of new class establishment _____

III. INITIAL PRICING ACTION REQUESTED

Change pay grade to: _____

IV. REASONS FOR REQUESTING PAY GRADE CHANGE. Must include comparison of new class with other civil service classes in the same bargaining unit. (attach additional sheets if necessary)

Employee Signature _____ Date _____

Union Representative Signature _____ Date _____