**IN-BAND COMPENSATION APPEAL FORM**

|  |  |  |
| --- | --- | --- |
| **I.** | **Requestor** | |
|  | Employee Name: | Click here to enter |
|  | Name of Representative & organization, if any: Click here to enter | |

|  |  |  |
| --- | --- | --- |
| **II.** | **Position Information** | |
|  | Position No: | Click here to enter | |
|  | Job Title and Job Code: | Click here to enter |
|  | Subzone: | Click here to enter |
|  | Dept/Division/Branch: | Click here to enter |

|  |  |  |
| --- | --- | --- |
| **III.** | **In-band Adjustment** | |
|  | Type of In-band Adjustment: | Click here to enter |
|  | Reasons for requesting a review: Click here to enter | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date