BALL STATE UNIVERSITY STAFF SALARY APPEAL FORM

Date:
Employee's Name (Please print):
Employee's Present Job Title:
Employee's Department:
Reason(s) for Salary Appeal:
Allegation of violation of approved departmental and/or university policy (<i>Please cite the specific name of the policy</i> .) Policy Name:
Statement of Facts Supporting Appeal: (Attach additional documentation as needed.)

<u>Desired Outcome:</u>		
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Employee's Signature	Date	
Office of Next Level Supervisor:		
Date received in Next Level Supervisor's Office		
Response of Next Level Supervisor/Designee: (Attach addi	itional documentation as needed.)	
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Signature of Next Level Supervisor/Designee	Date	

Employee's Request to Forward the Appeal to the Staff Salary Appeals Committee

Employee's Signature	Date
Received by Director of Human Resources	Date
Recommendation of the Staff Salary Appeals Committee to	Vice President/President/Designee:
Printed Name of HR Representative	Date
Signature of HR Representative	Date
Printed Name of SC Salary & Benefits Representative	Date
Signature of SC Salary & Benefits Representative	Date
Printed Name of Vice President's/President's Representative	Date
Signature of Vice President's/President's Representative	Date

Office of Vice President/President:		
Date of Receipt of Staff Salary Appeals Committee's Recon Office of the Vice President for that Area/Office of the President		
Decision of Vice President/President/Designee which is F	inal:	
Signature of Vice President/President/Designee	Date	

Copy of Vice President's/President's/Designee's Decision to:

- Employee
- Director/Administrative Head
- Next Level Supervisor
- Staff Salary Appeals Committee Members
- Human Resources