

July 1, 2002

PORTLAND STATE UNIVERSITY
ACADEMIC PROFESSIONAL
ACADEMIC PROFESSIONAL - APPEAL OF POSITION REVIEW DECISION

Name: _____

Current AP Family Placement: _____

Working Title: _____

Department: _____

Supervisor's Name: _____

This form is used to appeal the position review decision of the job family or job level under the provisions of Article 17, Section 3(d) of the AAUP/PSU collective bargaining agreement.

Appealing: job family ____ job level ____

Basis for Appeal:

What specific aspects of your position responsibilities have not been adequately considered in the position review process?

Signature: _____ Date: _____

This appeal's form and any accompanying documents must be received in the Office of Human Resources within 20 working days of the date on which the decision was issued. Article 17, Section 3 (c) of the AAUP/PSU collective bargaining agreement.

Please attach additional sheets as needed.