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| Image result for uw-whitewater**Title and Total Compensation Project Title Appeal Request Form** |
|  **Employee Portion (Employee to Complete)**  |
| Employee Name: Employee ID (if known): Employee Department/Business Unit: Current Position Job Title/Job Code (pre-TTC title/code): Current Business Title (if applicable): New TTC Standard Job Description Title and Job Code: New TTC Business Title (if applicable): Employee-Proposed TTC Job Title and Job Code\*: found in the [Job Library](https://www.wisconsin.edu/ohrwd/title-and-total-compensation-study/standard-job-description-library/)\*Note: creation of a new title is not within the scope of a title appeal request1. Title Appeal Reasoning/Justification (attach additional pages as needed):
2. Attach documentation that presents clear and convincing evidence that a different title and standard job description is a better fit for the position. Justification documents may include standard job description (current assigned and proposed), position description, performance reviews, organizational chart, original job posting, hiring letter/offer letter, and any other relevant documentation.

Employee signature: Date: **Employee must return this form via e-mail to TTCTitleAppeal@uww.edu with the subject line “Appeal” by 11:59PM December 31, 2021.** |
| **Step 1: Supervisor Review and Determination** |
| Supervisor Approves Employee Proposed Title: Yes  No Decision Reasoning/Justification: Supervisor Signature/Date: **Does the employee wish to further appeal?** Yes No Not Applicable **Employee signature:** Date:  |
| **Step 2: Supervisor’s Supervisor Review and Determination** |
| Supervisor’s Supervisor Approves Employee Proposed Title: Yes No Decision Reasoning/Justification: Supervisor’s Supervisor Signature/Date: **Does the employee wish to further appeal?** Yes No Not Applicable **Employee signature:** Date:  |

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| **Step 3: Title Appeal Panel Review** |
| Title Appeal Panel Approves Employee Proposed Title: Yes No Refer to Chancellor’s Designee: Decision Reasoning/Justification:  \_ Title Appeal Panel Representative Signature Date**Does the employee wish to further appeal?** Yes No **Employee signature:** Date:  |
| **Step 4: Chancellor’s Designee to Complete: Final Determination** |
| Chancellor and/or Chancellor’s Designee Approves Employee Proposed Title: Yes No Decision Reasoning/Justification:  \_ Chancellor’s Designee Date |
| **Human Resources to Complete: Final Determination** |
| Communication to the employee regarding the title appeals process and any change in status/outcome of the appeal should be communicated by the Office of Human Resources. Job Title If new title approved, Effective Date |