

REQUEST FOR ADMINISTRATIVE REVIEW
OF INITIAL PRICING ACTION

DHRD 276
4/8/03

Employee Name _____

Name of Representative and employee organization, if any

Mailing Address: _____

Phone No. _____

Pos. No. _____ Dept. _____

Current Class Title, Class Code, Pay Grade, BU, effective date

Request change pay grade to _____

Reasons for requesting pay grade change (must include comparisons with other civil service classes in the same bargaining unit).

Employee Signature _____ Date _____

Union Representative Signature _____ Date _____