

**Rutgers University
Staff Compensation Program
Review Request Form**

Union of Rutgers Administrators – American Federation of Teachers (URA-AFT)

URA-AFT employees eligible for the Staff Compensation Program (SCP) who claim that one of the following occurred:

- that the program procedures were not followed; or
- that there was a demonstrable factual inconsistency in the employee's evaluation; or
- that they were not evaluated according to the performance standards for their job

may request a review by completing this form and submitting it to their immediate supervisor not later than 30 calendar days after receipt of the salary notification letter from University Human Resources or notification by the department where there is no salary change. Employees may request a review in accordance with Article 41, Section E of the negotiated URA-AFT Agreement which shall be the sole and exclusive remedy and appeal for such claim. The judgment that forms the basis of whether an employee is evaluated as "meets standards" or "does not meet standards" and the size of a salary increase pursuant to the SCP shall be at the sole and exclusive discretion of the University and not subject to the above Appeal Process.

At each level, the employee shall provide a copy of all prior requests for review and prior written responses.

Step 1

To: _____
(Immediate Supervisor)

Date: ____/____/____

From: _____
(Staff Member's Name)

I am invoking the appeal process for the following reason(s) (check & complete one or more sections):

- The program procedures were not followed. (Explain & attach pages as necessary)
- There was a demonstrable factual inconsistency. (Explain & attach pages as necessary)
- I was not evaluated according to the performance standards for my job. (Explain & attach pages as necessary)

(Signature of Staff Member)

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Staff Member's Name: _____

Supervisor's Reply to Step 1 (Attach pages as necessary): The supervisor must provide a written response to the employee within 30 calendar days of receipt of the employee's completed Review Request Form invoking the appeal process.

(Typed Name of Supervisor) _____ Date: ____ / ____ / ____
(Supervisor's Signature)

Step 2

If the employee is not satisfied with the supervisor's written response, the employee may, within 30 calendar days of receipt of the supervisor's written response, request in writing a review of the matter by the dean, director, or department head who should also meet with the employee.

To: _____ Date: ____ / ____ / ____
(Dean, Director or Department Head)

I request a review and meeting for the following reason:

(Signature of Staff Member) Date: ____ / ____ / ____

cc: Immediate Supervisor

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Staff Member's Name: _____

Dean, Director or Department Head's Reply to Step 2 (Attach pages as necessary): A written response must be provided to the employee within 30 calendar days of receiving the employee's request.

Date of Meeting with Employee: ____ / ____ / ____

(Typed Name of Dean, Director Or Department Head) _____ (Signature) Date: ____ / ____ / ____

If the employee is not satisfied with the written response of the dean, director, or department head, the employee may, within 30 calendar days of receipt of the dean, director or department head's response, request in writing a review of the matter by the vice president, provost or designee for the employee's area.

To: _____ Date: ____ / ____ / ____
(Vice President, Provost or designee)

I request a review of this matter for the following reason:

(Signature of Staff Member) Date: ____ / ____ / ____

cc: Immediate Supervisor
Dean/Director/Department Head

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Staff Member's Name: _____

Vice President, Provost or designee's Reply to Step 3 (Attach pages as necessary): A written response must be provided to the employee within 30 days of receiving the employee's request. In all cases, the decision of the Vice President, Provost or designee is final.

(Typed Name of Vice President
Provost or designee)

(Signature)

Date: ____ / ____ / ____

cc: Immediate Supervisor
Dean/Director/Department Head