

REQUEST FOR ADMINISTRATIVE REVIEW OF BANDING AND/OR CAREER GROUP
DESIGNATION/ACTION

Approving Authority to Whom the Request is Being Submitted (Chancellor for Bands A or B, and
OHR for Bands C or D):

Position No.: _____

Current Band of Position: _____

Current Career Group Designation of Position: _____

Name of Incumbent: _____

Name of Supervisor: _____

Organization: _____

Requested Band and/or Career Group Designation for Position:

Justification for Requested Action - include all pertinent information, an analysis of the
distinguishing features of the present and requested Band and Career Group, and other
relevant data that supports the request. Attach additional pages as needed:

Signature of Incumbent

Date

Signature of Exclusive Representative, as appropriate

Date

c: For requests involving assignment to Bands A or B, a copy of the request shall be submitted
to OHR.