

REQUEST FOR APPEAL OF BAND

Directions:

1. A request for appeal of an administrative review decision taken by the System or Campus shall be submitted in writing on this form by the incumbent to the APT Classification Appeals Board ("Board"). The administrative review process must be exhausted before an appeal to the Board is accepted.
2. The employee may be represented by his/her exclusive collective bargaining agent.
3. The Board will schedule the appeal hearing and prescribe the hearing procedures. The approving authority has the responsibility to appear before the Board and present its case in support of the action being appealed. As deemed necessary, the approving authority may seek the advice of OHR with regard to the appeal.
4. The Board's decision shall be binding on the parties. Actions shall be retroactive to the date of the initial action being appealed.
5. Appeal request shall include 5 copies of this form and the appropriate supporting documents. The request must be received by the System Director of Human Resources within 20 working days from the notification of the administrative review decision.
6. A copy of the request including the appeal form and supporting documents shall be addressed to the respective Vice President or Chancellor.
7. Send appeal requests to:

APT Classification Appeals Board
c/o System Director of Human Resources
University of Hawai'i
Office of Human Resources
2440 Campus Road, Admin Services Bldg #2
Honolulu, Hawai'i 96822
8. Appeal requests may also be electronically filed via filedrop (<https://www.hawaii.edu/filedrop/>) to: systempo@hawaii.edu

Section I: Position Identifying Information and Request

- Position No.: _____ Job Title: _____
- Current Band: _____
- Campus of System: _____
- College/Department/Office: _____

Section II: Incumbent Identifying Information

- Name of Incumbent: _____
- Business Phone No.: _____
- Email Address: _____

Section III: Decision Taken – Administrative Review

- Attach copy of the administrative review request and decision

Section II: Justification

- Requested Band: _____
- In addition to the justification provided in the administrative review, provide other relevant data to support the appeal

Certification:

I have reviewed the administrative review results, reviewed the distinguishing characteristics of the current and requested band, and provided the appropriate justification for this appeal request within the 20 working days deadline.

Signature of Incumbent or Requestor

Date