Employee Equal Pay Appeal Form

INSTRUCTIONS: Employees may use this form to **file an appeal** of an equal pay analysis conducted by the employee's agency human resources department. Submit this completed form, the original request, the agency response, and all other supporting documentation to:

- DAS Labor Relations (represented employees) – lru@das.oregon.gov; **or**
- DAS Classification and Compensation (unrepresented, management employees) – chro.payequity@das.oregon.gov.

Filing (or not filing) this appeal, has no impact on an individual's right of private legal action or filing a complaint through the Oregon Bureau of Labor and Industries.

Employee Information	
Date:	Email:
Employee Name:	OR Number:
Agency Name:	Current Job Classification Title:

The State of Oregon uses the following bona fide factors to assess equal pay - education, experience, and seniority system.

1. Please check the bona fide factor(s) used in your agency's HR equal pay calculator that you are appealing.

   ☐ Education

   ☐ Relevant prior experience:

   - Relevant experience being any past experience, tasks, and duties relevant to a job in terms of skills or knowledge required. It does not necessarily mean that you must have worked in the exact role or had the same job title before.

     Volunteer experience, internships, practicums, and residency may also be relevant experience used to determine compensation.

   ☐ Seniority/Time in Classification

2. Education: If you selected education, please select the highest post-secondary degree you received:

   ☐ Associate's Degree

   ☐ Bachelor's Degree

   ☐ Master's Degree

   ☐ Education Specialist (EDS)

   ☐ Doctoral Degree

3. Education: Please describe the reason you requested a change to your education in your request for an internal equal pay assessment from your agency (i.e. you newly obtained, you recently marked “yes” to receiving the degree in your Workday).

4. Relevant Prior experience: Please in your own words describe how the experience not included in your calculator is relevant to your current position. Please do not copy and paste the classifications specifications as your justification.

5. Seniority/Time in Job: This is the most recent date you were hired, allocated, reclassified, or moved into the current classification title. Please describe the job movement type to support the change you are requesting on your calculator (i.e. promoted, new hire, reclassed etc.)

Employee: **By typing or signing my name below and submitting this form, I hereby certify that the information I have included is true and accurate to the best of my knowledge.**

If this form is being submitted by the Union on behalf of an employee, provide union contact information below:
Union Contact (Name, Phone, E-mail):