



**Request for
Reconsideration Meeting**

Employee Name

Position Title/Admin Level

Department

Immediate Supervisor Name

Stage I - Immediate Supervisor

Stage I - Alternate Procedure -
University Personnel
*(Only Available for
Non-Retention and Demotion)*

Stage II – President

Date Submitted: _____

1. Personnel action/decision giving rise to request:

- | | |
|------------|---------------|
| Retention | Assignment |
| Evaluation | Reassignment |
| Promotion | Hours of Work |
| Demotion | Other |

2. Date of decision giving rise to request: _____

3. Detailed description of the facts and circumstances giving rise to the request (dates, times, persons, places, etc.); if more space is needed attach additional sheet (s):

4. Attach any relevant additional information or documentation for consideration as part of this request.

5. Proposed remedy:

Employee Signature

Phone Number