The Oregon Management Project (TOMP) Appeal Form

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| Employee Name:      | OR Number:      |
| Agency:      | Current Classification (PEM level):      |
| TOMP Allocation (job family and management level):      | Requested TOMP job family and management level:      |

**TOMP Appeal Process**

This appeal form is intended for current Principal Executive Managers (PEMs) who received a notice of their new TOMP allocation. This appeal must be written and filed within **fifteen (15)** calendar days of the date on your TOMP allocation notice. The appeal shall include detailed information supporting your reason for a change in job family, management level, or both. Please sign (electronic signature is ok) and date below and send via email to CHRO.TOMP@das.oregon.gov. This appeal will be reviewed by The Oregon Management Project team in conjunction with your agency Human Resources Office. You will receive correspondence regarding the results of your appeal within **four (4)** weeks.

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| Please describe the reason(s) for your disagreement with your TOMP allocation and how another job family and/or management level is more appropriate:      |
| Additional information attached?    Yes    No |

I hereby certify that the information provided is a current and accurate statement of the duties relating to my position assignment.

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| Employee signature |  | Date |