



## Equal Pay Analysis Appeal Form

**INSTRUCTIONS:** This form is to file an appeal of the results of the Equal Pay Analysis conducted by DAS CHRO in 2018. Click the submit button at the end of the form when finished.

*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	
Employee Name:	OR Number:
Agency Name:	Current Job Classification Title:
Section or Division Name:	Supervisor's Name:

**Eligibility Requirements:**

Email:

- ✓ Employed by a State of Oregon executive branch agency as of December 31, 2017 except for semi-independent state agencies not subject to ORS 240, the Oregon Lottery, Secretary of State, or in the unclassified service within the Department of Treasury.
- ✓ Completed the equal pay analysis survey in 2018.
- ✓ Below the top of the salary range for your job classification as of January 1, 2019.

If you meet these requirements, please proceed to the following questions below. This form must be submitted by **February 28, 2019**. If you do not meet these requirements, but believe you are being compensated inequitably relative to other employees who perform comparable work, please complete the Request for Agency Equity Review Form.

1. Why do you believe your seniority, experience, education and/or training (see definitions on next page) warrants you being compensated at a higher salary step? (2,500 maximum character box below for explanation)

Check applicable factors:      Seniority      Experience      Education      Training

2. What salary step are you currently?
3. Approximately how long have you been in your position?
4. Approximately how long have you worked for the State of Oregon?
5. What salary step do you believe you should be?
6. If known, what other state employees, who perform work of a comparable character, do you believe you hold similar seniority, experience, education, and/or training and are compensated higher?

**By submitting this form, I hereby certify that the information I have included is true and accurate to the best of my knowledge.**

**Date Submitted:**

**Will auto-fill when form submitted.**

**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):**

**Definitions (Reference OAR 839-008-0015)**

**Experience** considerations include, but are not limited to, any relevant experience that may be applied to the particular job.

**Education** considerations may include, but are not limited to, substantive knowledge acquired through relevant coursework, as well as any completed certificate or degree program.

**Seniority** system that recognizes and compensates employees based on length of service with the employer.

**Training** considerations may include, but not limited to, on-the-job training acquired in current or past positions as well as training acquired through a formal training program.

**Work of comparable character** means work that requires substantially similar knowledge, skill, effort, responsibility and working conditions in the performance of work, regardless of job description or job title. Note: the state's job classifications often times provide the best means available for determining which jobs constitute work of a comparable character.