

REQUEST FOR ADMINISTRATIVE REVIEW OF BAND

Directions:

1. A request for administrative review of a decision taken by the System or Campus shall be submitted in writing on this form and include any supporting documents by the incumbent to the respective approving authority. If the position is vacant, the supervisor or program representative may request an administrative review. The request and supporting documents must be received by the approving authority within 20 working days from the notification of the initial action taken.
2. An administrative review shall be conducted by the approving authority. As part of the administrative review process, a meeting shall be scheduled within ten (10) working days from the submission request and chaired by the representative of the approving authority charged with the administrative review responsibilities. The purpose of the meeting will be to discuss the administrative review request and consider options and additional and/or clarifying information relating to the position. Participants in the meeting will include the incumbent, the exclusive representative, if requested by the incumbent, the supervisor and/or program representative, and subject matter experts, i.e., individuals identified by the University with extensive knowledge of the nature of work performed at each band level for a particular Job Title. Other individuals, e.g., OHR representative(s) who are deemed by the parties as having relevant information may be requested to attend the meeting.
3. The approving authority shall make a decision on the administrative review within twenty (20) working days after the meeting.
4. The approving authority is the respective Vice President, Chancellor or Provost:
 - a. System Offices – Vice President
 - b. Mānoa – Provost
 - c. Hilo and West O’ahu Campuses – Chancellor
 - d. Community College Campuses – Chancellor for Bands A and B decisions
 - e. Community College Campuses – Vice President for Community Colleges for Bands C and D decisions
5. Administrative Review requests may be hand delivered, mailed or electronically filed via filedrop (<https://www.hawaii.edu/filedrop/>) to the respective approving authority by the deadline.

Section I: Position Identifying Information

Position No.: _____ Job Title: _____
Current Band: _____
Campus or System: _____
College/Department/Office: _____
Supervisor's name: _____
Supervisor's business phone no.: _____
Supervisor's email address: _____

Section II: Incumbent (if applicable) Identifying Information

Name of Incumbent: _____
Business Phone No: _____
Email address: _____

Section III: Decision Taken – Initial Review

Attach a copy of the email notification of band action.

Section IV: Action Requested

Band of Position: _____

Career Group: _____

- Provide complete justification and analysis for the requested action.
- Describe how the position meets the distinguishing characteristics of the **requested** band.
- Describe how the position does not meet the distinguishing characteristics of the **assigned** band.
- Provide clear and concise examples of work duties that are reflective of the **requested** band.
- Provide other relevant data to support the request.

Certification:

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

Signature of Incumbent or Requestor

Date