



INSTRUCTIONS: Employees may use this form to **file an appeal** of a 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:

Please complete the following questions if you believe you are being compensated inequitably relative to other employees who perform comparable work.

1. What factors defined in [ORS 652.220](#) do you believe were not considered in the equal pay analysis conducted by your agency?

2. What is your current salary step?

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?

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):

I have included the following documentation:

My original pay equity request

My agency's response to that request

Any other supporting information