



## KVH Compensation Appeal Form

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**Description of Concern:** Provide a general description of your concern which may include step placement, pay rate, degree and/or certification pay.

**Supporting Description and Documentation:** Please attach a resume.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Human Resources</b>	
Date Received:	
Documentation of Compensation Review:	
<b>Decision:</b>	<b>Date:</b>
<b>Signature:</b>	