

INSTRUCTIONS:

- Complete items 1 through 4 of this form.
- Email the document to the Office of Human Resources, Classification & Compensation at hrclass-comp@csun.edu (Or Drop off/Mail to HR - Valera Hall, Room 165, Mail Code: 8229).
- After receipt, HR will contact the employee to schedule an appeal meeting within a specified period per the appropriate bargaining agreement.

1. EMPLOYEE INFORMATION:

Employee Name: _____ Employee ID: _____ Ext: _____

Current Working Title: _____

Current Classification/Level: _____

Date You Received Notification of Classification Results: _____

- 2. REASON FOR REQUEST:** I do not feel that the observations and conclusions contained in the Classification Review Report accurately reflect the nature and level of duties assigned to my position for the reasons stated below. (You may attach additional sheets if necessary.):

- 3.** Based on the following facts and circumstances, I feel that my position should be reclassified to:

4. EMPLOYEE'S SIGNATURE: _____

DATE: _____

Note: This form should be completed within the time limit provided in the appropriate collective bargaining agreement.