

Employee's Notice of Classification Appeal

INSTRUCTIONS:

1. Complete items 1 through 4 of this form.
2. Send the document to the Office of Human Resources, Mail Code 8229.
3. After receipt, an HR Manager will contact the employee to set up an appeal meeting within specified time periods, per appropriate bargaining agreement.

1. EMPLOYEE INFORMATION:

Employee Name: _____ Department _____ Ext. _____

Position Working Title: _____ Current Position Classification: _____

2. 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:

Employee Signature: _____ Print Name: _____ Date: _____