

POSITION CLASSIFICATION APPEAL FORM

Classification Staff Review

Name: Phone: E-mail:

Supervisor: Phone: E-mail:

Elected Office / Department / Division:

New Assigned Classification Title / Grade:

Previous Classification Title / Grade (if different):

Signature

Date

PURPOSE OF APPEAL

The purpose of a classification appeal is to allow the employee to present relevant and material facts relating to the classification of the position based on job duties and responsibilities that have not been considered in the job review.

Classification decisions based on market adjustments cannot be appealed.

REQUIRED INFORMATION TO SUBMIT WITH APPEAL

To file an appeal you must provide the following information. The appeal will be heard by the Classification Team.

1. The date you received written notice of the classification decision for your position (attach a copy).
2. Explain whether your current position description, which was reviewed at the time of the classification decision, accurately describes your duties and responsibilities. If it does not reflect your duties accurately, please attach a copy of your position description and list the duties and responsibilities that were not included in the job review, along with the percentage of work time required to perform each of those duties.
3. The specific reason for your appeal and remedy requested. For example, please explain why you are appealing the classification decision and how you believe the issue can be resolved.
4. Provide any additional justification, with documentation, to support the requested remedy.

Return this form to the Human Resources Consultant that completed your job review within 14 calendar days of receipt of the classification decision.