

CLASSIFICATION DECISION APPEAL FORM
(For Applicable Bargaining Unit Employees)

Date classification decision notification sent by HR and received by employee _____

EMPLOYEE INFORMATION

Empl ID	Last Name	First Name	Empl Rcd #	CMS Pos #
Current Classification	Current Rg	Department	Dept ID	Request Date

BASIS FOR APPEAL

I have attached a copy of my current position description dated _____
(List significant changes below)

Complete only if applicable:

I have attached a supplement to my current position description dated _____
(List significant changes below)

Provide the reasons you believe a different classification decision is warranted. Give factual information in detail. Add additional pages if necessary.

SIGNATURE

Employee's Signature: _____ Date: _____