

CLASSIFICATION APPEAL FORM

(Applicable to Units 1, 2, 5, 6, 7, 8, 9)

Office of Human Resources

California State University, Bakersfield

Appellant Name:	Department:	Phone:
Present Classification:	Supervisor's Name:	Phone:
Date Classification Decision Received by Employee:	Collective Bargaining Unit:	Requested Classification:

Classification Appeal Process

In accordance with University procedure, the appeal is written and filed by the employee no later than **thirty (30)** calendar days after the employee has been provided with the results of the classification review. The appeal shall include a detailed statement by the employee indicating his/her reasons for disagreement with the classification review decision. The statement may be completed on, or be attached to, this form. The employee then signs and dates this form, provides a copy to the appropriate administrator (HEERA-designated Manager or Supervisor) for his/her unit, and files the appeal with a Human Resources staff member who will certify and record the date received. In accordance with University procedure, the Human Resources management representative or designee shall meet with the employee within thirty (30) calendar days after the classification review appeal has been filed. No later than thirty (30) calendar days after the meeting with the employee, the appeal level reviewer shall respond in writing to the employee. This response is final. **NOTE:** **If a classification decision is appealed, everything in the decision is subject to appeal, e.g. an in-range progression if one is recommended.**

Please state the reasons for your disagreement with the classification review decision:

Additional information attached? ___ Yes ___ No

Is the Organizational Chart accurate? ___ Yes ___ No

If No, provide revised Organizational Chart and explain difference:

Additional Information:

I hereby certify that the information provided is a current and accurate statement of the duties relating to my position assignment.

Date

Signature of Employee

cc: _____

Appropriate Administrator

- FOR HUMAN RESOURCES USE ONLY -

Date Appeal Rec'd by HR:	Final Date for Meeting w/Employee:	Date Appeal Heard by HR Rep:
Date to Respond to Employee w/Decision:	Final Classification Decision:	Date Final Decision Sent to Employee:

Rev. 10/09