



Classification Determination Appeal Form

INSTRUCTIONS

Please provide any additional information that was not included in the original Position Description Form.

DIVISION OF PERSONNEL USE ONLY

DATE STAMP

SELECT ONE:

Employee:

Appointing Authority:

Date Submitted	
Employee Name	
Department/Agency	
Division/Bureau/Comm.	
Section	
Work Address	
Current Classification	
Name and Title of person requesting appeal	
HR Contact	
Date Determination Received	

Please describe reasons for requesting an appeal. Include any additional or clarifying information not found in the original submitted document.

Supervisory Duties

The following section deals with the responsibilities of a Supervisor and/or Lead Worker as defined below. If your position does not perform these duties, please skip to the end to sign and date.

Supervisor: Formally delegated responsibility for planning, assigning, reviewing and approving the work of two (2) or more full-time employees or three (3) or more .83 full-time equivalent Seasonal employees which includes initiating disciplinary actions, approving leave requests, conducting performance evaluations and recommending salary increases.

Lead Worker: This is a level of work at which an individual is assigned the ongoing responsibility of scheduling and/or reviewing the work of other coworkers and guiding and training them while performing identical or similar kinds of work.

Do you supervise or act as a lead worker for any employees?

Supervisor

Lead Worker

Indicate the number of employees supervised, their names, and classifications.

Were any/all supervisory or lead worker duties fully explained in your Position Description Form? Is there anything about those duties you would like to clarify?

Signature

Date