



Classification Determination Appeal Form

INSTRUCTIONS

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

SELECT ONE:

Employee: NOTE: After completing Part 1, forward to the Appointing Authority to complete Part 2

Appointing Authority:

Date Submitted	
Employee Name or, if Vacant, Position Number	
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. What additional or clarifying information can you provide that was NOT included on the original Position Description Form submitted?

Please give a brief description of the TOP 3 essential duties of this position.

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 (or serving as lead worker for), their names, and classifications. Please list any vacant positions as "Vacant - classification of the position". *Please note that vacant positions are not counted in supervision duties, unless they meet certain specific DOP criteria.*

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?

Please list any additional supporting documentation that you are providing with the appeal, i.e. organizational charts, revised position description form, etc.

Reminder: If the employee is completing this form, please forward the entire form to the appointing Authority for completion of Part 2.

Signature

Date

Part 2
(To Be Completed by Appointing Authority ONLY)

Please complete the form to the best of your ability, noting any discrepancies or differing opinions from the previous section. If more space is needed, please attach additional pages.

Carefully review the employee's completed Appeal Form for accuracy and completeness.

- DO NOT change any information the employee has provided.
- Provide any additional information or clarification below.
- DO NOT leave any questions in this section blank. **INCOMPLETE FORMS WILL BE RETURNED.**
- Sign and date the form upon completion and make a copy for your records. **FORMS MISSING SIGNATURES WILL BE RETURNED.**
- Once completed, please submit the form to the Class and Comp email.

Have you reviewed the employee's form?

Yes
No

Is there any additional information that was not included on the original Position Description Form that you would like to share?

Yes *(If yes, please provide in the space below)*
No

Are there any exceptions or additions to the statements made on this document?

Yes *(If yes, please provide in the space below)*
No

Appointing Authority Signature

Date