



APPEAL OF CLASSIFICATION REVIEW RESULTS

Incumbent's Name (Or Vacant)

Position Title

Department

Present Classification (If Known)

PLEASE ATTACH A CURRENT APPROVED POSITION DESCRIPTION FORM

The Appellant should state briefly the reasons for this appeal and return it to Human Resources.

Signature of Appellant

Printed Name of Appellant

Comments:

Date

Incumbent's Signature

Comments:

Date

Director, Dept. Head or Grantee Signature

Comments:

Date

Dean or Vice-President Signature

(If further space is required, please attach a separate sheet).