



<b>Incumbent's Name</b>	<b>Position Title</b>
<b>Department</b>	<b>Present Classification</b>

The Appellant should state briefly the reasons for this appeal and return it to: [Classification@uwinnipeg.ca](mailto:Classification@uwinnipeg.ca), make sure you copy your HR Consultant and attach a current approved position description

\_\_\_\_\_  
**Printed Name of Appellant**

\_\_\_\_\_  
**Signature of Appellant**

**Comments:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Incumbent**

**Comments:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Director or Department Head**

**Comments:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vice-President Signature**

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