**Classification Appeal Form**

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| **1. Request submitted by** |
| [ ]  Employee [ ]  Supervisor [ ]  Dean/VP |
| **2. Employee Information** |
| Name:        | Aggie ID:       |
| **3. Position information (as indicated on the notification email)** |
| College/Division:        | Department:       |
| Position number:       Classification code and title:       |
| **4. Reason for Appeal – Describe the basis for your appeal:** |
|        |
| **5. Proposed Action – what proposed action do you recommend be taken:** |
|        |
| **6. Signature** |
| Employee (not required if request is being submitted by supervisor or Dean/VP): Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7. Approvals** |
| ***i. Supervisor’s approval of this request (required):***  |
| Comments: |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***ii. Dean/Vice President’s approval of this request (required):*** |
| Comments: |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HR Services use only**

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| [ ]  Appeal Accepted-HRS Review [ ]  Appeal Accepted-ECRC Review [ ]  Denied request |
| Comments:  |
| Asst VP HRS:Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ECRC Summary of Final Determination**

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| [ ]  Approve Appeal [ ]  Deny Appeal [ ]  Alternative Action |
| Comments:  |
| ECRC Chair:Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |