**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |