

APPEAL FORM

DATE: _____

TO: _____
(Appointing Authority)

I, _____ hereby appeal my current classification title, _____, to the Personnel Administrator under the provisions of Chapter 30, Section 49 of the Massachusetts General Laws. I believe that the classification title of _____ appropriately describes my duties and responsibilities. The general reason(s) for this appeal is (are):

I submit the following information to assist in the processing of my appeal:

Home Address: _____ Telephone # _____

Work Address: _____ Telephone # _____

Appropriation Number _____ Position # _____

Name and Address of Union Representative (optional): _____

Social Security Number _____

My position (check one) has _____ has not _____ been reviewed through the classification maintenance process.

On _____ The Human Resources Office notified me of the result of the review which was as follows: _____

Sincerely,

(your signature)

revised January 2005

FUNCTIONAL SUPERVISION. INDICATE BY OFFICIAL PAYROLL TITLE THOSE POSITIONS WHICH REPORT TO YOU FOR ONLY A PORTION OF THEIR TOTAL JOB ASSIGNMENTS.

EQUIPMENT OPERATION. WHAT EQUIPMENT DO YOU OPERATE OR REPAIR?

WORKING CONDITIONS. BRIEFLY EXPLAIN ANY UNUSUAL WORKING CONDITIONS SUCH AS PHYSICAL EFFORT, HAZARDS, ENVIRONMENT, TIME DEMANDS, OR STRESS THAT ARE IMPORTANT ELEMENTS FOR ANYONE IN THIS JOB.

SPECIAL REQUIREMENTS. DOES YOUR JOB REQUIRE A CERTIFICATE, LICENSE, GRADUATE DEGREE OR OTHER SPECIAL REQUIREMENTS.

SPECIFIC DUTIES: WHAT DO YOU DO? (LIST MOST IMPORTANT FIRST – PERCENTAGE OF TIME SPENT ON EACH.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

ATTACH ADDITIONAL PAGES IF NEEDED

