

REQUEST FOR ADMINISTRATIVE REVIEW
OF CLASSIFICATION ACTION

I. REQUESTOR

Employee Name _____

Mailing address _____

Business Phone _____

Name of Representative and organization, if any _____

Mailing address _____

Business Phone _____

II. CLASSIFICATION ACTION DISPUTED (Attach copy of HRD-1 and notification letter, if applicable)

Pos. No. _____ Dept. _____

Nature of classification action taken

No Change _____
Class code, Class title, pay grade, bargaining unit, effective date

Reallocation from _____
Class code, Class title, pay grade, bargaining unit

To _____
Class code, Class title, pay grade, bargaining unit, effective date

Date of notice of classification action _____
(Date HRD-1 signed on behalf of HRD Director or date of notification letter)

III. CLASSIFICATION ACTION REQUESTED

Class code, Class title, pay grade, bargaining unit of the requested class, effective date

IV. DUTIES AND RESPONSIBILITIES WHICH JUSTIFY REALLOCATION TO THE REQUESTED CLASS OR A NEW CLASS (attach additional sheets if more space is needed)

Employee Signature _____ Date _____

Representative Signature _____ Date _____