

3. Other factors I would like the Committee to consider

Employee's Signature: _____

Date: _____

Supervisor's Name: _____

I have read the classification review appeal and find the description of duties and responsibilities to be an accurate description of the work. Yes No

Supervisor's Comments:

Supervisor's Signature: _____

Date: _____

President's Signature: _____

Date: _____

Additional sheets may be attached if needed.