



**APPENDIX F.3
CLASSIFICATION REVIEW APPEAL**

I request to appeal the Foothill-De Anza Administrative Classification Committee's classification decision regarding my position. I understand this appeal may or may not result in a change in the grade assignment allocation. I have prepared this appeal request based upon the duties and responsibilities of my position and reviewed these comments with my supervisor who has signed this form on page two. I understand that the decision of the Administrative Classification Committee is final and a second appeal may not be submitted. However, I may request reclassification of my position twelve (12) months after the final decision of this appeal.

PLEASE TYPE OR PRINT LEGIBLY

Name: _____

Department/Division: _____

Campus/Location: _____ Ext. _____

Classification: _____

Grade Assignment: _____ Years in current position: _____

****Please provide additional or clarifying information to support this appeal request. Describe in detail, changes to your position below and return this form to Human Resources. The position will be reviewed within 30 days of receipt of your response.***

- 1. Appeal Rationale:

- 2. Additional/Clarifying Information
 - a. Knowledge requirements:

 - b. Problem solving requirements:

c. Accountability:

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.