

POSITION CLASSIFICATION APPEAL FORM

Classification Hearing Officer

Name: Phone: E-mail:

Supervisor: Phone: E-mail:

Elected Office / Department / Division:

New Assigned Classification Title / Grade:

Previous Classification Title / Grade (if different):

Signature

Date

PURPOSE OF APPEAL

The purpose of a classification appeal is to allow the employee to present relevant and material facts relating to the classification of the position based on job duties and responsibilities that have not been considered in the job review.

Classification decisions based on market adjustments cannot be appealed.

REQUIRED INFORMATION TO SUBMIT WITH APPEAL

To file an appeal you must provide the following information.

1. A copy of the written notice of the decision from the Classification Team Review (appeal must be filed within 15 business days of the date of the written decision).
2. Explain whether your current position description accurately describes your duties and responsibilities. If it does not reflect your duties accurately, please attach a copy of your position description and list the duties and responsibilities that were not included in the job review along with the percentage of work time required to perform each of those duties.
3. The specific reason for your appeal and the remedy requested.
4. Provide any additional justification, with documentation, to support the requested remedy.
5. Completed Hearing Officer Selection form (see next page).

POSITION CLASSIFICATION APPEAL

Hearing Officer Selection Form

Please select one of the following Hearing Officers to hear your appeal (resumes available upon request).

	HEARING OFFICER	EMPLOYMENT
<input type="checkbox"/>	John Campbell	Valley Mental Health
<input type="checkbox"/>	Tina Hose	Consultant
<input type="checkbox"/>	Susan Biesele	Consulstant

ALL HEARING OFFICERS ARE EXPERTS IN CLASSIFICATION AND COMPENSATION

*If the person is not available or is unable to convene the hearing within fifteen calendar days, I am either (check one):

I am willing to postpone the hearing until the selected hearing officer is available; or

My second choice is

SIGNATURE

DATE

Return this form to Linda Hill, EEO Analyst, Human Resources, 2001 S State, N4-700, Salt Lake, UT 84190 or lhill@slco.org within 14 calendar days of receipt of the classification decision.