Indiana University
Classification Appeal Request Form
for Support and Service Staff Positions

GENERAL INFORMATION
Employee:_________________________ Supervisor:______________________________
Position title and number:______________ Supervisor's title:________________________
Position Classification:________________ Supervisor's work phone:_________________
Department:________________________ Employee’s work phone:___________________

CLASSIFICATION INFORMATION
The classification of a position is based on an assessment of the information presented on the Position Description. A request for reconsideration of the classification should be based on the Position Description utilized to determine the classification. If the duties have changed significantly since the classification decision was made, please provide an updated position description to the campus Human Resource Office.

SIGNATURES AND COMMENTS (REQUIRED)
Employee's
signature:________________________________ Date:________________________
Employee's comments:

Supervisor's
signature:________________________________ Date:________________________
Supervisor's comments:

Dean/Dept. Head's
signature:________________________________ Date:________________________
Dean/Dept. Head's comments: