

## **Classification Appeals Form**



Name			Date	
City, State, Zip			Current Title	
Email:	Phone:		Current Pay Grade	
Date Requested Review:			Institution:	
Date Classification Decision Ma	ıde:		Supervisors Name	
Name CHRO or Job Analyst:			Department	
Decision Made (Upgrade, downgra	ade, no change, untimely resp	oonse, etc):		
New Title (if applicable):		Ne	v Pay Grade (If applicable):	
Reason for filing appeal:				
Employee Signature			Date	
2. The Human Resources Office h	as five (5) working days to ı	ender a decision on w	nether the original decision shall b	e upheld.
CHRO decision on appeal:				
Additional information or explanation by CHRO or Job Analyst:				
Chief Human Resources Officer	Signature		Date	
an Resources for submission to t	he Job Classification Comm	ittee (JCC). Send appe	om HR to appeal the action to the N al with PIQ, HR response and any rela ha Blvd.E. Suite 700, Charleston, WV	ted documentati
I wish to appeal final determ	ination to the Vice Chancello	r of Human Resources fo	or submission to the Job Classification	າ Committee (JCC
nployee Signature			Date	

organization's Human Resources Office, of its decision in writing, within within twenty (20) working days from the date of receipt of the appeal to the Vice Chancellor for Human Resources. The notification shall specify the effective date should there be any change in status. Please see Legislative Rule, Series 53, Human Resources Administration for more information.