

Classification Appeal Form

To: Personnel Administrator  
(Appointing Authority)

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_ hereby appeal my current classification title,  
\_\_\_\_\_ to the Personnel Administrator under the provisions of  
Chapter 30, Section 49 of the Massachusetts General Laws. I believe that the classification title of  
\_\_\_\_\_ appropriately describes my duties and responsibilities.  
(Official Title Requested)

The general reason(s) for this appeal is (are):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I submit the following information to assist in the processing of my appeal:

Work Address \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Position Funding:      State        
                                 Non-state     

Name and Address of Union Representative (Optional): \_\_\_\_\_  
\_\_\_\_\_

My position (check one) has \_\_\_\_\_ has not \_\_\_\_\_ been reviewed through the  
classification maintenance process.

On \_\_\_\_\_ HRD notified my agency of the result of the review which was as  
follows:

\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Your Signature)