

**Indiana University  
Classification Appeal Request  
Classified Positions**

**GENERAL INFORMATION:**

Employee Name: _____	Division/Department: _____
Position Title: _____	Supervisors Name: _____
Campus Location: _____	Supervisor's Title: _____
Work Phone: _____	Phone: _____

Length of Time in Current Position (Years/Months): \_\_\_\_\_

**EXPLANATION:**

The present classification level of this position has been established based upon an assessment of the relative comparative level of its duties and responsibilities represented in the prepared position description.

This appeal form cannot be used to re-state, add or delete information from the current description. Your appeal must be based upon this description and the explanatory information you provide herein.

If the description is no longer accurate, please disregard this form. Contact University Human Resources to obtain information concerning revision of your position description.

Please feel free to cite specific other IU positions known to you by name, title and department to use as a reference for comparison. Please be aware that classification levels are not determined by titles; only cite positions where the duties and responsibilities are actually known to you.

**REASON FOR APPEAL:**

**Employee Comment:**

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor Comment:**

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Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Management Comments:**

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Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_