

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)