

**CLASSIFICATION MAINTENANCE REVIEW  
STATE OF DELAWARE**

<b>EMPLOYEE APPEAL FORM</b>
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**TO BE COMPLETED BY AGENCY PERSONNEL SECTION**

Position Number: \_\_\_\_\_  
Department/Division/Section: \_\_\_\_\_  
Date Employee was Notified by Agency of Classification Decision: \_\_\_\_\_  
Date Appeal was Submitted by Employee: \_\_\_\_\_  
Name of Personnel Representative: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Date Bargaining Unit Representative Notified of Appeal (if applicable): \_\_\_\_\_

**Note: The information in items 1-4 are to be completed by the employee who is appealing the classification decision. Items 5-7 are to be completed by the Division Director and/or the appropriate agency manager who is knowledgeable of the duties and responsibilities of the employee in this position.**

**TO BE COMPLETED BY EMPLOYEE**

1. Name: \_\_\_\_\_  
Mailing Address - Workplace: \_\_\_\_\_  
Mailing Address - Home (optional): \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Class Title: \_\_\_\_\_  
(Former Title)  
\_\_\_\_\_  
(New Title)

Date Employee was Notified by Agency of Classification Decision: \_\_\_\_\_  
Agency: \_\_\_\_\_

2. Grounds for classification appeal. (See guidelines for classification appeals to the Merit Employee Relations Board).

- A. \_\_\_\_\_ One or more major duties and responsibilities or major knowledge, skills and abilities are not included in the class specification.
- B. \_\_\_\_\_ Another class specification is clearly a more accurate description of the position.

3.A. If you checked 2(A) or 2(B) above, list the duties and responsibilities that are assigned to your position that are not included in the new class specification.

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3.B. If you checked 2(A) or 2 (B) above, list the knowledge, skills and abilities that are required for your position that are not included in the new class specification. (Please note: personal qualifications and job performance of employees are not relevant factors in classifying positions).

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4. Relief sought (check one of the following):

1. \_\_\_\_\_ Revisions to class specification.

2. \_\_\_\_\_ Reclassification of position to: \_\_\_\_\_

Name of Classification

(If No.2 was checked, the requested class title must be listed.)

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**TO BE COMPLETED BY AGENCY MANAGER OR DIVISION DIRECTOR**

5. Name of Manager: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Title: \_\_\_\_\_

6. If the employee completed section 3(A), please verify that each of the duties and responsibilities listed are assigned to the position. How long have these duties been assigned to this position? If possible, indicate the specific date these duties were assigned.

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If the employee completed section 3(B), please verify that the knowledge, skills and abilities listed are required to perform this job. (Please note: Personal qualifications and job performance of employees are not relevant factors in classifying positions).

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**EMPLOYEE**

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**DATE**

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**IMMEDIATE SUPERVISOR**

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**DATE**

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**DIVISION DIRECTOR**

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**DATE**

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**PERSONNEL REPRESENTATIVE**

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**DATE**

**cc: Agency Head  
Designated Agency Representative**