

SCUPA CLASSIFICATION APPEALS FORM

Employee _____

Current Classification _____

Division _____ Department _____

Supervisor _____

Have there been changes to your job responsibilities since last review? ____ Yes ____ No
If yes, explain why you believe your position should be reclassified?

Employee's Signature

Date

The following documents must be submitted before the review process can begin:

- SCUPA Classification Appeals form (this form) signed and dated.
- A current job description with employee and supervisor signatures (this form can be found at www.iup.edu/humanresources/forms/). Please be certain to complete all sections of the job description form.
- List of current job duties. (Attach to the job description)
- An up-to-date organization chart for the position being reviewed (attach it to the job description).

The date all required documents are received in Human Resources will be the effective date of any change.*

Date Received in Office of Human Resources: _____

cc: SCUPA President
Vice President/ Dean
Supervisor

*Consistent with Article 12, Section 1, a professional employee may file a written appeal with the university Human Resources Office. Upon receipt of the appeal in the Human Resources Office, it shall be date stamped. This date shall be the effective date should the professional employee position be reclassified.

Send this completed form, with attachment, to Joann Peak, Office of Human Resources, G-8 Sutton Hall