

SAN DIEGO COMMUNITY COLLEGE DISTRICT
Reclassification & Range Reallocation
APPEAL FORM

Current Classification _____ Employee Name _____

Location _____ Department/Office _____

State your reasons for the appeal. Please cite specific points which you believe may not have been understood about your job. (Attach additional sheets if necessary.)

Date _____ Employee's Signature _____

PLACE COMMENTS REGARDING CONCERNS/CLARIFICATIONS ON THE BACK OF THIS FORM.

Date _____ Immediate Supervisor's Signature _____

Date _____ Appropriate Manager's Signature _____

Date _____ Vice President Admin Services' Signature _____

Date _____ President/Assist Chancellor's Signature _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

IMMEDIATE SUPERVISOR'S COMMENTS/ CONCERNS/ CLARIFICATIONS

Initial_

APPROPRIATE MANAGER'S COMMENTS/ CONCERNS/ CLARIFICATIONS

Initial_

VICE PRESIDENT ADMIN SERVICES' COMMENTS/ CONCERNS/ CLARIFICATIONS

Initial_

PRESIDENT/VICE CHANCELLOR'S COMMENTS/ CONCERNS/ CLARIFICATIONS

Initial_