

San Bernardino Community College District

RECLASSIFICATION APPEAL TO THE CHANCELLOR

EMPLOYEE INFORMATION

Name: _____
Last First Middle Initial

Original Date of Reclassification Request: _____ Location: _____

Current Position: _____ Department: _____

Proposed Position: _____ Supervisor: _____

I am requesting an appeal of the Reclassification Committee's Recommendations for the following reasons:

If additional space is needed, please attach another page

Employee Signature _____ Date _____

CHANCELLOR'S RESPONSE

- APPEAL OF RECLASSIFICATION COMMITTEE RECOMMENDATIONS APPROVED
- APPEAL OF RECLASSIFICATION COMMITTEE RECOMMENDATIONS NOT APPROVED

Rationale: _____

Chancellor's Signature _____ Date _____