APPEAL FORM

TO: Northern Essex Community College _____
(Appointing Authority)

_____
Date

I, _____ (_____) hereby appeal
Name *Social Security Number*

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
Office Title Requested
responsibilities.

The general reason(s) for this appeal is (are):

_____

_____

I submit the following information to assist in the processing of my appeal:

Home Address	Work Address
_____	_____
_____	_____
Telephone #: _____	Telephone #: _____

Name and Address of Union Representative (optional): _____

_____

My position (check one) has ☐ has not ☐ been reviewed through the classification maintenance process.

Sincerely,

_____
Your signature