**Request For Audit of Civil Service Position**

**TO: Department of Human Resources**

**“I request an appeal of the position classification finding on my recent audit for the following position:“**

**Civil Service Position (ECS) #\_\_\_\_\_\_\_\_\_**

**Current Position Classification (NTQPCLS):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dept./Org.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following section must be completed to assure the supervisor and administrators are aware of this request for an appeal of the position classification finding on the recent audit.

I request an appeal to:

First Level: Original auditor (first level)   
 -Or- Director of Human Resources    
OR  
Second Level: Director of Human Resources 

Briefly list below the points on which you wish to appeal this audit decision:

1.

2.

3.

4.

**Please Note**: Signature does not indicate approval or position reclassification to a higher level.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED: ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee or Supervisor)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Dept./Org. Head/Chair/Supervisor)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Dean/Director)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Vice President)

Please return to the Department of Human Resources, 2010 Old Main, within 10 days of receipt of initial audit decision.