

CLASSIFICATION APPEAL FORM

(Applicable to Units 1, 2, 5, 6, 7, 8, 9)

Office of Human Resources

California State University, Bakersfield

Appellant Name:	Department:	Phone:
Present Classification:	Supervisor's Name:	Phone:
Date Classification Decision Received by Employee:	Collective Bargaining Unit:	Requested Classification:

Classification Appeal Process

In accordance with University proc

