

APPEAL FORM

To: _____
(Appointing Authority) (Date)

I, _____ hereby appeal 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 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: _____ Tel #: _____

Work Address: _____ Tel #: _____

Appropriation Number: _____ Position Number:

Name and address of Union Representative (optional): _____

Social Security Number: _____

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

On _____ DPA notified my agency of the result of the review which was as follows: _____

Sincerely,

(Your Signature)

Please send one copy to:
Department of Personnel Administration
Bureau of Classification
1 Ashburton Place, Room 510
Boston, MA 02108

INTERVIEW GUIDE

Name: _____ Social Security #: _____

Official Payroll Title:

Functional Title: _____

Account #: _____ Position #: _____

Agency: _____

Division / Institution:

Date Appointed to Present Position: _____

Request for Reallocation to the Class of: _____
(Official Payroll Title)

Immediate Supervisor's Name: _____

Supervisor's Official Payroll Title: _____

Relationships with Others: What people or groups of people do you come in contact with in the performance of your job both within and outside your agency? Indicate where appropriate the job titles or functions of your contacts. Also describe the nature and purpose of your interpersonal relationships.

Basic Purpose of Position: Briefly describe (in two or three sentences) the overall basic purpose of your job.

Job Changes: Have there been any significant job changes since your appointment? If so, indicate the dates the changes took place and briefly describe the nature of the changes.

Specific Duties: What do you do? (List most important first - percentage of time spent on each.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Assignment, Review and Approval of Work: Who assigns, reviews and approves your work? How do you receive it?

Supervisory Responsibility: Whose work do you supervise? (what titles?) Direct Subordinates. Indicate by official payroll title those positions which report directly to you.

Their Subordinates: Indicate by official payroll title those positions which report to you through your immediate subordinates: _____

Functional Supervision: Indicate by official payroll title those positions which report to you for only a portion of their total job assignments.

Equipment Operation: What equipment do you operate or repair?

Working Conditions: Briefly explain any unusual working conditions such as physical effort, hazards, environment, time demands, or stress that are important elements for anyone in this job.

Special Requirements: Does your job require a certificate, license, graduate degree or other special requirement?
