



Appeal of Classification Review Results
HR Web Site: http://www.umanitoba.ca/admin/human_resources

NOTE:

The appellant completes Part A and submits this form to Human Resources (309 Administration Building).

PART A (To be completed by the appellant)

If additional space is required in any section, please attach a separate sheet.

1. Employee Information

SURNAME: _____ U of M Employee No.: _____
First Name: _____
Middle Name: _____

2. Position Information

Position No. (if known): _____ Current classification: _____
Current Position Title: _____ Faculty/School/Admin. Unit: _____
New Position Title Department: _____
(if applicable): _____ Section (if applicable): _____

Reason for Appeal:

Large empty rectangular box for Reason for Appeal.

Appellant: _____
Name (please print) Position Title Signature
Internal Mailing Address: _____

Comments of Incumbent:

Large empty rectangular box for Comments of Incumbent.

Date Signature

Internal Mailing Address: _____



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Comments of Supervisor:

Name (please print)

Date

Signature

Internal Mailing Address: _____

Comments of Department Head or Grantee:

Name (please print)

Date

Signature

Internal Mailing Address: _____

Comments of Dean/Director/Head of Administrative Unit:

Name (please print)

Date

Signature

Internal Mailing Address: _____

