Ohio University
Classification Review Form
(Replaces the former Classification Appeals Form effective 10/10/02)

INSTRUCTIONS:  To be completed by classified employees ONLY to request a review of a recently completed position audit by University Human Resources. If the incumbent strongly disagrees with the classification determined by UHR, the Classification Review Committee will consider additional information provided on this form together with the identical documentation originally submitted to UHR and used as the basis for the job audit. A classification recommendation will be made by the committee to the Assistant VP for University Human Resources for a final determination. During this review process, employee and their supervisor may be contacted by a designated member of the committee requesting additional information pertinent to the job duties and responsibilities.

Complete this form within 15 business days from receipt of audit results and mail to: Assistant VP for University Human Resources, 169 W. Union Street, Athens, OH 45701.

Following this review and final determination by the Assistant VP for UHR, Employees may appeal their classification directly to the State Personnel Board of Review (SPBR) within 30 days of notification. For information on the appeals process, call SPBR at (614)466-7046 or (614)466-6539, or simply write to the SPBR, 65 East State Street, 12th floor, Columbus, Ohio 43215, stating that you wish to appeal your classification. You may wish to visit the SPBR website at http://www.state.oh.us/pbr.

Please limit your comments to the space provided below.

What classification do you think best describes your duties and responsibilities and why?

Employee Signature_______________________________________ Date_________________
SUPERVISORS COMMENTS:

SUPERVISOR’S SIGNATURE ________________________________ DATE __________

DEPARTMENT HEAD’S COMMENTS:

DEPARTMENT HEAD’S SIGNATURE ________________________________ DATE __________

PLANNING UNIT HEAD’S COMMENTS:

PLANNING UNIT HEAD’S SIGNATURE ________________________________ DATE __________