



**OHIO**  
UNIVERSITY

Human Resources

**Classification Internal Appeal Form**

Employee Name: \_\_\_\_\_

OHIO EE ID#: \_\_\_\_\_

Employee Email: \_\_\_\_\_

Department#: \_\_\_\_\_

Current Title: \_\_\_\_\_

**Current Assigned Information**

Job (TAS, IC, M): \_\_\_\_\_ Level (TAS 1-4, IC 1-5, M 1-5): \_\_\_\_\_ Job Family/Sub-Family: \_\_\_\_\_

**Suggested Assigned Information**

Job (TAS, IC, M): \_\_\_\_\_ Level (TAS 1-4, IC 1-5, M 1-5): \_\_\_\_\_ Job Family/Sub-Family: \_\_\_\_\_

**Employee Rationale to Support Change**

**Supervisor Comments**

Agree  Disagree

**Planning Unit Head Comments**

Agree  Disagree

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Unit Head Name: \_\_\_\_\_ Title: \_\_\_\_\_

Planning Unit Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for submitting the Classification Internal Appeal Form**

**Employee:** Complete the Employee Rationale to Support Change section, sign, and submit the form to your supervisor.

**Supervisor:** Complete the Supervisor Comments and Justification section, sign, and submit to the Planning Unit Head.

**Planning Unit Head:** Complete the Planning Unit Head Comments and Justification section, sign, and submit to the [HR Liaison assigned to the Planning Unit](#).