Unit Member Last Name:       First Name:

Banner ID:       Phone:

Email:

If you disagree with the committee’s recommendation, you may submit a reconsideration request to Human Resources for the committee’s consideration as provided in Article 17, Section 17.08. This request must be submitted within ten (10) working days of your receiving the notification of the committee’s recommendation as acquired in Article 17, Section 17.05.4. Requests for reconsideration must address one or both of the following:

a. The rationale provided by the committee based on reinterpretation of evidence submitted (please attach a copy of the committee’s rationale), and/or

b. New evidence.

Type of Reconsideration:

|  |  |
| --- | --- |
| Reclassification Committee | Classification Study Committee |
| Reclassification | Classification Study |
| Special Compensation | Pay Grade Change |

**Written statement (see next page)**: Please explain why the decision should be reconsidered. Please be specific.

You **MUST** attach your written statement (typed preferred\*). It is strongly recommended that you provide supporting documentation to verify facts cited on your statement. **Your request will be considered INCOMPLETE without the statement.** An incomplete reconsideration packet will not be reviewed.

**Supporting Documentation** (*i.e., documents that provide evidence to support your request*): is strongly recommended and will be used to determine the reconsideration decision. Sign and date the forms and initial and date any supplemental sheets or documents attached. Please do not attach original documentation because it will not be returned to you. All information is confidential.

***NOTE:***The reconsideration is granted on a case-by-case basis. The Committee may request additional documentation in evaluating your reconsideration.

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Unit Member Signature Date

**Written Statement**

Please explain why the decision should be reconsidered. Please be specific. Enter your statement in the box below. You may type your statement into the field or paste it from another document. The form field will expand to whatever size is needed. Remember to attach supporting document to the end of this statement.

Remember to SIGN and DATE the first page and supporting documents.

**For Committee Use only:**

|  |
| --- |
| INCOMPLETE  APPROVED  Referrals/Recommendations: |
| DENIED  Reason(s) for Denial/Comments |
|  |
| District Committee Co-Chair’s Signature Date |
|  |
| CSEA Committee Co-Chair’s Signature Date |