

CLASSIFICATION APPEALS FORM 4

**MCCC UNIT MEMBER CLASSIFICATION PLACEMENT
REQUEST FOR REVIEW FORM**

**MASSACHUSETTS BOARD OF HIGHER EDUCATION
MASSACHUSETTS COMMUNITY COLLEGE SYSTEM**

The College shall conduct an audit of your position and render a written decision within ninety (90) days.

Be sure to complete every question:

_____	_____
_____	_____

_____	_____

Please indicate those job duties that have been added or altered since your original date of hire and what you believe to be a more accurate job title/description.

Please provide any other specific facts/information or rationale you would like reviewed in consideration of this appeal.

This request for review form must be submitted to your Human Resource office.
