Human Resource Services

Classification Review Board Voting Form



Request for Classification		
Name:		
Location:		
Current Classification:		Range:
Requested Classification:		Range:
Panel Member		
Name:		
Location:		
Classification:		
presentation and are <u>not present</u> of the Classification Review Board classification.	ect one spokesperson. All incumbents leave the during the Classification Review Board discussion completes the Voting Form, and gives to Ch	on. Each member of
Cast Your Vote	Notes	
☐ Accept the Request for a Full Study		
☐ Deny the Request for a Full Study		
Panel Member Signature		