Human Resource Services

Classification Review Board Voting Form - Completed Study

Sacramento City Unified School District

Request for Classification

Name:
Location:
Current Classification:
Requested Classification:

Panel Member

Name:
Location:
Classification:

Cast Your Vote

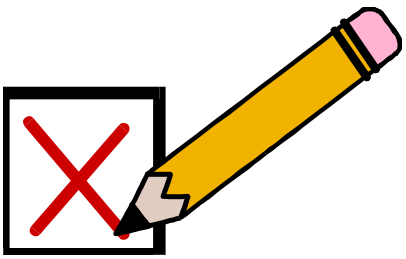
Review the completed study (desk audit).

☐ **Approve the Request for Reclassification**

☐ **Deny the Request for a Change in Classification**

_____

Panel Member Signature



Notes

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____