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Date Received by
Board

Management Classification Appeal Board
261 Kenmount Road, P. O. Box 8700,
St. John's, NL A1B 4J6
telephone: (709) 729-2658 facsimile: (709)729-6234

Request for Management Classification Appeal (HAY)

PART I CONTACT INFORMATION (PLEASE PRINT)

Name:		
Business Address:	Business Tel. No:	Location of Work:
		Email:
Home Address:	Home Tel. No.	Official Title of Your Position
Name of Employer/Department		
Name of Immediate Supervisor		Business Tel. No:

PART 2 ABOUT YOUR APPEAL (PLEASE PRINT)

Date employee notified of decision		
Is this position Vacant Yes _____ No _____	Present Classification (HL)	
List the reasons why you feel the present classification is incorrect and the classification you feel is more appropriate:		

DATE:	SIGNATURE:
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Privacy Notice: The personal information collected in this form will be used for the purpose of assessing your appeal under the Management Classification Appeal Board. The information is collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015. If you have any questions about the collection, use or disclosure of your personal information, please contact the Information Management Coordinator at 729-5832.