mt. san antonio college logo


**APPENDIX D-3**

Reconsideration Request

Ref: Article 17 Classification Procedures

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:

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

**RECONSIDERATION REQUEST TYPE:**

**Reclassification Committee** **Classification Study Committee**

**Reclassification**  **Classification Study**

**Special Compensation**  **Pay Grade Upgrade**

**UNIT MEMBER INFORMATION**

Unit Member Name (Last, First):       Banner ID Number:

Phone Ext:       E-mail address:

     

Unit Member’s Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

**FORM CHECKLIST:**

**Written statement**: Please explain why the decision should be reconsidered. Please be specific. You **MUST** attach your written statement (typed preferred, see next page). 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**: Documents that provide evidence to support your request are 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.

**Sign and Date**: Remember to sign and date this page and supporting documents.

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

**UNIT MEMBER 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. Remember to attach supporting documents with this statement.

**COMMITTEE RECONSIDERATION RECOMMENDATION AND RATIONALE**

Incomplete  Approved  Denied

Rationale:

     

     

District Committee Co-Chair’s Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

     

CSEA Committee Co-Chair’s Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*