



Alternate Range Placement Appeal Form *Guide*

Appeal Process			
Appeal Level	Timeline		Reviewer
Step 1	Appeal filed within 90 days of initial placement	Review within 30 days of receipt of appeal	Immediate supervisor
Step 2	Appeal filed within 30 days of level I decision	Review within 30 days of receipt of appeal	Department head or designee
Step 3	Appeal filed within 30 days of level II decision	Review within 30 days of receipt of appeal	CalHR

Tips for filling out the form:

- For initial appeal, provide all information requested under the sections titled “Appealing Employee Information” and “Alternate Range Placement Appeal Information”
- Attach all relevant documents to support the appeal (Ex: transcripts, employment history, etc.)
- Meet timelines outlined in the appeal process
- Submit the form to required reviewer, at each level
- Keep copies of your appeal form
- Contact the SEIU Local 1000 Member Resource Center for additional questions at (866) 471-7348

IT Reclass: Alternate Range Placement Appeal (Rev 01/18)



This form is intended for the appeal of secondary placement through the IT Reclass.

Appealing Employee Information	
Name	Department
Work Address	Work Phone Number
Mailing Address	Cell/Home Phone Number
Work Email Address	Personal Email Address

Alternate Range Placement Appeal Information	
Original Classification	Placement Classification
State Placed Alternate Range	Requested Alternate Range

Justification for Range Change *(Please attach all supporting documents including, but not limited to, transcripts and proof of previous employment)*

Employee Signature	Date
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Representation Information (For Union Use)	
Representative's Name	Phone Number
Representative's Affiliation SEIU Local 1000	Representative's Email

Tracking Information (For Union/Department Use)		
Departmental Tracking Number	Departmental Secondary Tracking Number	Union Tracking Number

Appeal Review – Level I

Date Received

Date of Response

Result of Review

Signature of Level I Reviewer

Print Name and Title

Date

Employee Level I Response *(check the box of your desired response)*

- I concur and do not appeal to the second review level
- I do not concur and appeal to the second review level (If yes, state reason below)

Employee Signature

Date

Appeal Review – Level II

Date Received

Date of Response

Result of Review

Signature of Level II Reviewer

Print Name and Title

Date

Employee Level II Response *(check the box of your desired response)*

- I concur and do not appeal to the second review level
- I do not concur and appeal to the third review level (If yes, state reason below)

Employee Signature

Date

Appeal Review – Level III

Date Received

Date of Response

Result of Review

Signature of Level III Reviewer

Print Name and Title

Date

(Rev 01/18)