

(new 2/86)

**REPRESENTATION INFORMATION (complete if applicable)**

## CLAIM INFORMATION

State the specific **out-of-class** duties performed and the amount of time each was performed as a percentage of total work time. Do not list duties which are included in the current class.

SIGNATURE OF CLAIMANT \_\_\_\_\_ DATE FILED \_\_\_\_\_

CSD Form 23 (2/99)

**CLAIM REVIEW — LEVEL I**

DATE RECEIVED	DATE OF RESPONSE	LEVEL I DECISION TO BE ENTERED BELOW
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SIGNATURE OF LEVEL I REVIEWER ▶		PRINTED NAME AND TITLE	TELEPHONE NUMBER
<input type="checkbox"/> I CONCUR AND DO NOT APPEAL TO THE SECOND REVIEW LEVEL	<input type="checkbox"/> I DO NOT CONCUR AND APPEAL TO THE SECOND REVIEW LEVEL (IF CHECKED, STATE REASON BELOW)	CLAIMANT'S SIGNATURE ▶	DATE
REASON FOR APPEAL			


**CLAIM REVIEW — LEVEL II**

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED
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SIGNATURE OF LEVEL II REVIEWER ▶		PRINTED NAME AND TITLE
<input type="checkbox"/> I CONCUR AND DO NOT APPEAL TO THE THIRD REVIEW LEVEL	<input type="checkbox"/> I DO NOT CONCUR AND APPEAL TO THE THIRD REVIEW LEVEL (IF CHECKED, STATE REASON BELOW)	CLAIMANT'S SIGNATURE ▶
REASON FOR APPEAL		


**CLAIM REVIEW — LEVEL III — DEPARTMENT DIRECTOR OR DESIGNEE**

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED
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SIGNATURE OF DIRECTOR OR DESIGNEE ▶		PRINTED NAME AND TITLE
<input type="checkbox"/> I CONCUR AND DO NOT APPEAL TO THE FOURTH REVIEW LEVEL	<input type="checkbox"/> I DO NOT CONCUR AND APPEAL TO THE FOURTH REVIEW LEVEL (IF CHECKED, STATE REASON BELOW)	CLAIMANT'S SIGNATURE ▶
REASON FOR APPEAL		


**APPEAL LEVEL IV — DEPARTMENT OF PERSONNEL ADMINISTRATION**

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED
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SIGNATURE OF DIRECTOR OR DESIGNEE ▶	PRINTED NAME AND TITLE
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