

CLASSIFICATION APPEALS FORM 2
Request for review by H.R. department

MCCC UNIT MEMBER

POINT CALCULATION REQUEST FOR REVIEW FORM MASSACHUSETTS BOARD OF HIGHER EDUCATION MASSACHUSETTS COMMUNITY COLLEGE SYSTEM

MCCC Faculty and Professional Staff may request a review of their initial classification point calculation determined by the college to calculate salary rate.

All requests must be submitted within thirty (30) days of notice of a point calculation.

The following materials should be consulted by the unit member in completing this request for a point calculation review form:

- a) Faculty or Professional Staff Data Form (MOO2/MOO4)
 - b) Compensation Structure Form (Salary Grid Calculation Form)
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Be sure to complete every question:

Unit Member Name: _____ College: _____
Please print

E Mail: _____ College Tel: _____

College Address: _____

Please indicate the basis of your request for a review:

The points in the faculty or professional staff data form (MOO2/MOO4) form, are not consistent with the Compensation Structure Form (Salary Grid Calculation Form).

Please provide a summary of the problem(s) you have identified and attached a corrected Compensation Structure Form.

This request for review form must be submitted to your Human Resource office within thirty (30) days receipt of your new/updated data form (MOO2/MOO4).

Name (Please Print)

Signature

Date

Attach additional evidence or responses as necessary.
