

Employee Acknowledgement Form / Classified Position Abolishment

To the Metropolitan State University of Denver Human Resources Department:

I, **[NAME]**, have voluntarily accepted the non-classified / exempt professional position, **[TITLE]**, position # **[POSITION]**, effective **[DATE]**. I understand that the classified position I chose to vacate, position # **[POSITION]**, will be abolished. I understand that I may appeal the abolishment of this classified position to the Colorado State Personnel Board no later than ten days (10) from the date of my signature, below. I understand that appeal forms and other information may be obtained online at the Human Resources website [www.msudenver.edu/hr](http://www.msudenver.edu/hr)

Employee Printed Name

Employee Signature Date