**EMPLOYEE REQUEST FOR REVIEW OF CLASSIFIED POSITION FOR POSSIBLE EXEMPTION FROM STATE OF COLORADO CLASSIFIED SYSTEM**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am formally requesting that Metropolitan State University of Denver Human Resources review the function I currently perform for possible exemption from the State Classified System. I realize that this request does not guarantee exemption from the System but is based on the information I provide regarding the duties I perform.

I am making this request voluntarily without coercion or direction from anyone and understand that retaliation in regard to this request is prohibited. My supervisor or anyone else at the University has not promised me any financial reward for requesting this review.

I realize that if this request is determined to be eligible for exemption that I must resign my Classified position and that my supervisor must request reassignment from the Classified position to the Administrative position through the University President prior to the action becoming effective. I realize that the Classified position will be abolished upon the administrative appointment.

I understand that I may appeal the exemption and the abolishment of the Classified position to the State Personnel Board within ten (10) days from the notice of exemption eligibility.

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**Signature Date**