# MASSACHUSETTS CIVIL SERVICE COMMISSION – *RECLASSIFICATION* APPEAL FORM

Name of Person Filing Appeal (Appellant):

Name of State Agency Where you are Employed (Respondent):

Appellant Street or P.O. Box:

Respondent Street or P.O. Box:

Appellant City, State, Zip Code:

Respondent City, State, Zip Code:

Appellant Contact Phone Number:

Respondent Contact Person (Signed Agency Denial Letter):

Appellant Email Address:

Respondent Contact Phone Number:

Title of Position that you **currently** hold:

Title of Position you are seeking to be reclassified to:

Date you received denial letter from the state's Human Resources Division:

Have you ever filed an appeal with the Civil Service Commission before?

## REQUIRED NEXT STEPS BY APPELLANT

1. Attach a check or money order in the amount of $75.00 made payable to: Civil Service Commission.
2. Attach a copy of the denial letter you received from the state's Human Resources Division (HRD).
3. Mail or hand-deliver this appeal form to the Civil Service Commission at One Ashburton Place: Room 503, Boston, MA 02108 **within thirty (30) calendar days of receiving the denial letter from HRD.** (For those appeals received via mail, the postmark date will be used to determine if the appeal is timely.)
4. Mail or hand-deliver a copy of this bypass appeal form to the Respondent (the state agency you work for).

## WHAT HAPPENS AFTER THE COMMISSION RECEIVES YOUR APPEAL FORM?

1. Within ten (10) days, you, the state agency you work for and HRD will receive an Acknowledgment Form from the Commission along with a “Notice of Pre-Hearing Conference”. The pre-hearing conference is usually held within thirty (30) days from the time the Commission received your appeal.
2. You and a representative from the state agency you work for are required to attend the Pre-Hearing Conference at which time a member of the Commission will provide further details about how your appeal will proceed.

SIGNATURE OF APPELLANT:

TODAY’S DATE: