



EMPLOYEE NOTIFICATION

RECEIPT OF RECLASSIFICATION OR REALLOCATION DECISION

FIRST LINE SUPERVISOR

Attached is a **Reclassification Request, Reallocation Notice** and/or **denial letter** concerning an employee you supervise. Please complete the following actions:

1. Give the affected employee 1 copy of the written decision.
2. Have the employee sign and date this form acknowledging receipt.
3. Advise the employee that, if he/she chooses to appeal, it is very important to ensure that the appeal is received at the proper authority within 30 calendar days of today's date.
4. Send a completed copy of this form to your agency's Human Resources Manager immediately.
5. Provide the employee with a copy of this form, if the employee requests one.

I hereby certify that I have completed each of the actions noted above.

Signature: _____ Date: _____

EMPLOYEE

I hereby acknowledge that I have received a copy of the attached (check appropriate box/es)

- Reclassification
- Reallocation
- Denial letter

Effective date or date of letter _____, concerning my position.

I certify that I am aware I have a right to appeal this decision within 30 calendar days of today's date and that I have read the instructions for filing an appeal, as noted on the bottom of this form.

Print Name: _____

Employee's Signature _____ Date: _____

APPEAL RIGHTS

- ❖ If the Reclassification, Reallocation, or denial decision was made by the agency and is a nondelegated action, a written request for the Division of Personnel Management (DPM) to conduct a re-review must be received by the agency Human Resources Manager within 30 calendar days. Upon receipt of this appeal, the agency Human Resources Manager will forward the employee's request and pertinent materials to DPM.
- ❖ If the Reclassification, Reallocation or denial decision was made as (1) a delegated action by the agency or (2) DPM, the appeal must be received, within 30 calendar days, by the Wisconsin Employment Relations Commission, 4868 High Crossing Boulevard; Madison, WI; 53704-7403; phone: 608-243-2424.
- ❖ Employee: If you have any questions about where you should send your appeal, contact your agency Human Resources Manager for this information. Note: see the top of the Reclassification or Reallocation Form to determine if the action is delegated or nondelegated. If the proper authority does not receive your appeal within the 30 calendar days, you will lose your right to appeal this decision.

AGENCY HUMAN RESOURCES MANAGER

Ensure that a signed copy of this document is in the employee's personnel file for future reference.

continued

PROCEDURE FOR RECEIPT OF RECLASSIFICATION OR REALLOCATION DECISION

PURPOSE	Ensure timeliness of receipt of reclassification or reallocation decisions and establishment of employee appeal rights on such action.
USE	Each time an employee receives a notification of an appealable classification decision.
AGENCY HR OFFICE	Attach the Receipt of Reclassification or Reallocation Decision form to every reclassification or reallocation decision: Mandatory - When the decision is non-delegated or the decision is made by the Office of State Employment Relations. Optional - When the decision is delegated to the agency.
SUPERVISOR	Follow the instructions for the First Line Supervisors on the front of the form.
AGENCY HR OFFICE	Maintain the signed form in the employee's Personnel File