**Purpose:**

To allow an employee to request the Department of Human Resources (DHR) reconsider a classification determination.

**Instructions:**

Please complete the information below and submit the form to DHR via email at classcomp@kingcounty.gov or via mail at mail stop KSC-HR-0801. Following receipt of this form, a Panel Reconsideration meeting will be scheduled. If you have questions about completing this form or the process, please contact the compensation and classification information line at (206) 447-3269.

Employees must submit the request for reconsideration within 30 calendar days of receiving the classification determination.

*In the event that any provision of this form conflicts with an applicable provision of a collective bargaining agreement or binding past practices thereunder, the latter shall prevail.*

**Section 1 – Employee Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee: |  |  | Date: |  |
| Department: |  |  | Division: |  |

**Section 2 – Reason for Request**

Please state the reasons you believe the classification determination is incorrect and attach any supporting documentation.

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