OHLONE COMMUNITY COLLEGE DISTRICT
CLASSIFICATION STUDY
FEEDBACK FORM

Name _____

Current OCCD Classification _____

Ewing Consulting's Proposed Classification _____

FOR OFFICE USE ONLY	
CONS	
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Forms must be received in the Human Resources Office no later than 5:00 p.m., DATE, 2014.

The basis for feedback/ appeal is concern about the classification to which you have been assigned. Please check any concerns applicable:

☐ No Concerns ☐ Overall Class ☐ Class Title ☐ Representative Duties ☐ Requirements

☐ Other _____

Please attach a copy of the class description with changes noted and/or state your concern(s) below in detail: (attach additional sheets if necessary)

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