

**XXI-2-CLASSIFICATION APPEALS**  
***Request for review by Human Resources Department***

**MCCC UNIT MEMBER**

**POINT CALCULATION REQUEST FOR REVIEW FORM**  
**MASSACHUSETTS BOARD OF HIGHER EDUCATION**  
**MASSACHUSETTS COMMUNITY COLLEGE SYSTEM**

MCCC Faculty and Professional Staff may request a review of their initial classification point calculation determined by the college to calculate salary rate.

**All requests must be submitted within sixty (60) days of notice of a point calculation.**

The following materials should be consulted by the unit member in completing this request for a point calculation review form:

- a) Faculty or Professional Staff Data Form (MOO2/MOO4)
- b) Compensation Structure Form (Salary Grid Calculation Form)

*Be sure to complete every question:*

Unit Member Name: \_\_\_\_\_ College: \_\_\_\_\_  
Please print

College Email: \_\_\_\_\_ College Tel: \_\_\_\_\_

College Address: \_\_\_\_\_

Please indicate the basis of your request for a review:

The points in the faculty or professional staff data form (MOO2/MOO4) form, are not consistent with the Compensation Structure Form (Salary Grid Calculation Form).  
*Please provide a summary of the problem(s) you have identified and attached a corrected Compensation Structure Form.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request for review form must be submitted to your Human Resource office within sixty (60) days receipt of your new/updated data form (MOO2/MOO4).

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach additional evidence or responses as necessary.

