

University of Colorado Boulder  
Employee Acknowledgement Form / Classified Position Abolishment

Employee name

Employee ID

Department

Classified position #

OEP position #

Effective date (mm/dd/yyyy)

I have voluntarily accepted a non-classified / exempt professional position. I understand that the classified position I chose to vacate will not be refilled as a classified position. I understand that I may appeal the elimination of this classified position to the Colorado State Personnel Board no later than ten days (10) from the date of my signature, below. I understand that appeal forms and other information may be obtained online at <http://hr.colorado.edu/ir/Pages/DisputeResolution.aspx> or from Employment Services by calling 303.492.6475.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)