University of Colorado System Administration

Employee Acknowledgement Form / Classified Position Abolishment

I [NAME] have voluntarily accepted the non-classified / university staff position, position # [POSITION], effective [DATE]. I understand that the classified position I chose to vacate, position # [POSITION], will be abolished. I understand that I may appeal the abolishment 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/lr/Pages/DisputeResolution.aspx or](http://hr.colorado.edu/lr/Pages/DisputeResolution.aspx) from University of Colorado Employee Services by calling 303-860-4200.

Employee Printed Name

Employee Signature Date

Employee Services • Human Resources

1800 Grant St., Suite 400 • 400 UCA • Denver, CO 80203

Phone: 303-860-4200 • Fax: 303-860-4299