



**California State University, Long Beach
RECONSIDERATION PROCEDURE FORM**

Date of Submission	
_____	<input type="checkbox"/>
Appropriate Administrator	Level 1- Appropriate Administrator
_____	<input type="checkbox"/>
Department / Division	Level 2- President or Designee/Vice President

_____	_____
Employee Name	Tracking Classification-Admin Level
1. Personnel action/decision giving rise to request:	
2. Detailed description of nature of request (dates, times, persons, places, etc); if more space is needed use additional sheets:	
3. Proposed remedy:	

	Employee Signature & Phone #

Response:	
<input type="checkbox"/>	Level 1, Date of Meeting:
<input type="checkbox"/>	Level 2- Date of Meeting:
_____	_____
Signature of the Appropriate Administrator (Level 1) or President/President's Designee (Level 2)	Date

Please provide one copy of each Reconsideration Request or Response to Employee.