

**Budget Information for Position Reclassification Request
Fiscal Review by Budget Office**

The following information has been provided by the requesting department.

Department Name _____

Account Number _____

Position Number _____

Current Position Data:

Title _____

Salary Range _____

Salary _____

Requested Position Data:

Title _____

Salary Range _____

Salary _____

Increased costs related to this action _____

Source of funds for increased costs in current fiscal year: _____

Account Number/Object Code _____

Source of funds for increased costs in next fiscal year: _____

*(Must designate funds **other than** salary savings for next fiscal year)*

Account Number/Object Code _____

Budget Office Signature

Date