



**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