Budget Information for Position Reclassification Request
Fiscal Review by Budget Office

1. Requesting Department Information:
   Department Name: ________________________________________________________
   Dept ID Number: __ __ __ __ __ __ __
   Position Number: ________________________________________________________

2. Current Position Data:
   Title:   ________________________________________________________
   Salary Range:  ________________________________________________________
   Salary:   ________________________________________________________

3. Requested Position Data:
   Title:   ________________________________________________________
   Salary Range:  ________________________________________________________
   Salary:   ________________________________________________________

4. Increased/decreased costs related to this action: ______________________________

5. To cover an increase, transfer budget from:
   (Must designate funds other than salary savings)
   Fund/Dept ID/Account: __ __ / __ __ __ __ __ __ __ / __ __ __ __ __

_____________________________________________   ____________________
Budget Office Signature       Date