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 ____________________