POSITION RECLASSIFICATION REQUEST FORM

Date of Request ________________

1. Employee___________________________________________________________

2. Position No. __________________________  3. Account No._______________

4. Department________________________________________  5. Division _________________

6. Type of Position Support Staff (Classified) Managerial Staff

7. Current Title __________________________________________ Current Range _____

8. Requested Title __________________________________________ Requested Range ___

9. Reason for Request:

   _____ Reorganization  _____ Reallocation of duties from unfilled vacancy(ies)

   _____ Higher level duties proposed by a division head  _____ Other

   Explanation: ______________________________________________________

   (Attach job description and organization chart initialed by supervisor.)

Requesting Employee ____________________________ Date ____________________________

Manager/Supervisor ____________________________ Date ____________________________

   Recommended _____ Not Recommended _____

Department Director/Dean ____________________________ Date ____________________________

   Recommended _____ Not Recommended _____

Division Vice President ____________________________ Date ____________________________

   Recommended _____ Not Recommended _____

Reclassification Committee ____________________________ Date ____________________________

   Recommended _____ Not Recommended _____

Budget Office (See attached Budget Authorization Form) ____________________________ Date ____________________________

Effective Date ____________________________

Revised 8/10