



Control No. _____

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 _____