



**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 \_\_\_\_\_