

RECLASSIFICATION REQUEST

(Please review *Reclassification Policy for Filled Positions* before completing)

Employee Initiated

Supervisor Initiated

Employee Name: _____ Phone Ext: _____

Department/Division: _____

Non-Bargaining Unit Supervisor: _____ Phone Ext: _____

Current Classification	Requested Classification:
Time in current classification (dates)	

Please note, you must attach a completed Duties Questionnaire to this request. On the questionnaire, please **ASTERISK** those duties/responsibilities that constitute a significant change to the position or the duties you perceive to be outside the scope of the current job classification.

Requestor's Signature: _____ Date: _____

Print Name: _____

SUPERVISOR	
<input type="checkbox"/> RECOMMENDED (please provide justification) <input type="checkbox"/> NOT RECOMMENDED (please provide comments) <input type="checkbox"/> REMOVE DUTIES NOT APPROPRIATE FOR THE CURRENT CLASSIFICATION	JUSTIFICATION/COMMENTS: _____ _____ _____ _____
Supervisor's Signature: _____ Date: _____	
Print Name: _____	

DEPARTMENT HEAD /DEAN'S OFFICE OR AVP	
<input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED <input type="checkbox"/> REMOVE THE DUTIES	JUSTIFICATION/COMMENTS:
Signature: _____ Date: _____	
Print name: Title:	

Please forward with all attachments to your Human Resources