

Reclassification Request

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

DEPARTMENT HEAD /DEAN'S OFFICE OR AVP

<input type="checkbox"/> RECOMMENDED	JUSTIFICATION/COMMENTS:
<input type="checkbox"/> NOT RECOMMENDED	
<input type="checkbox"/> REMOVE DUTIES NOT APPROPRIATE	
Signature: _____	Date: _____
Print Name and Title: _____	

Please forward with all attachments to your Human Resources