

Department: \_\_\_\_\_ Unit: \_\_\_\_\_

New Position Position Number: \_\_\_\_\_

Existing position occupied by: \_\_\_\_\_

Employee's Name

Existing position – vacant \_\_\_\_\_

Previous Incumbent

Present classification: \_\_\_\_\_

Justification for Classification:

Note: This form is to be completed for all reclassification requests. If vacant, the supervisor will complete the form. If an employee is requesting the reclassification, the employee must complete and sign this form. The supervisor's signature indicates only review, **not approval**. Please attach job description and supplements. Supervisor comments may be attached or verbally transmitted to the classifier.

Requested by: \_\_\_\_\_

Employee Signature (if requested by employee)

Route to those whose positions are checked:

	Title	Date	Remarks
	Immediate Supervisor		
	Department Chair/Head		
	College Dean		
	Vice President		
	Division		
	Human Resources Director		
	Other		

