

ATTACHMENT D: RECLASSIFICATION REQUEST

1. Department:	2. Number of employees:	3. Full-time/Part-time
4. Current Position Title:		5. Pay Grade:
6. Proposed Position Title:		7. Proposed Pay Grade:
8. Date materials effectively received by the Office of Personnel:		9. Proposed Effective Date:
<u>Required Supporting Documentation:</u>		
<input type="checkbox"/> Current job description and title		
<input type="checkbox"/> Proposed job description and title, indication of addition or deletion of significant duties, skill requirements, responsibilities, and/or education or experience requirements		
<input type="checkbox"/> Describe why there are significant addition of duties, educational needs or experience requirements for the position; or why there are significant reductions in duties, education needs or experience requirements for the position.		
<input type="checkbox"/> Supporting documentation (i.e. study data, internal equity)		
<input type="checkbox"/> Total financial impact to implement reclassification: \$_____ Budget year:_____		
<input type="checkbox"/> Plan of how financial impact will be absorbed		
Department Head Signature:		Date:
Supervisory Committee Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date:
Personnel Committee Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date:
Compensation Plan Consultant: <input type="checkbox"/> Endorsement <input type="checkbox"/> Denied		Date:

TO BE COMPLETED BY THE DEPARTMENT OF FINANCE AND PERSONNEL

Approved New Position Title:	Effective Date:
Pay Group:	Pay Class: <input type="checkbox"/> hourly; <input type="checkbox"/> salary; <input type="checkbox"/> other
Job Code:	Union Code:
Workmen's Comp Code:	EEOC Job/Salary Category:
New EEOC Function Number:	
Signature of Personnel Manager:	Date:
Reclassification executed by:	Date: