

Position #: _____

Org #: _____

Log #: _____

REQUEST FOR RECLASSIFICATION

REC'D (HR) _____

This form must be completed, including signatures, before any change to an employee's status can take effect.

SECTION I: TO BE COMPLETED BY DEPARTMENT/MANAGER

1. Current Information

Employee Name _____ Current Position Title _____ RIN# _____

FLSA Status Exempt Nonexempt FTE: _____ Current Hourly Rate or Annual Salary _____

2. Reason for request

Proposed Title _____

List duties added to or removed from this position and reason (i.e. new program responsibility)

Added: _____ Removed: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments

Please identify the source of additional funds

SECTION II: REQUIRED SIGNATURES

A revised Performance Management Tool and organization chart must be included with this request

Originator _____ Director/Department Head _____ Portfolio Owner _____

Date _____ Date _____ Date _____

SECTION III: TO BE COMPLETED BY HR

New Title _____ New Ladder/Level _____ New Rate/Annual Salary _____ FLSA Status Exempt Nonexempt

Date Completed by HR _____ Date Notification sent to Portfolio _____ Human Resources/Date _____