

## Reclassification Request Form

### EMPLOYEE INFORMATION

Employee's Name: \_\_\_\_\_

Current Title: \_\_\_\_\_

Proposed Title: \_\_\_\_\_

Status: \_\_\_\_\_

### POSITION DUTIES AND RESPONSIBILITIES

**Essential Duties and Responsibilities of Proposed Title****% of Time**

Please list no more than five major duties in descending order of importance; describe each major task in a manner that demonstrates complexity.

1.

---

---

---

---

2.

---

---

---

---

3.

---

---

---

---

4.

---

---

---

---

5.

---

---

---

---

**POSITION SUMMARY / PURPOSE OF POSITION**

Purpose of position:

Is this position a Unit Head? ☐ Yes ☐ No

Minimum Qualifications Required to Perform Work	Preferences
<b>Education</b> Include licenses, certifications, etc.	
<b>Experience</b>	
<b>Knowledge, skills, abilities and other characteristics</b>	

**PHYSICAL DEMANDS OF POSITION**

Describe the nature of physical activity required and any unusual environmental conditions.

**SUPERVISION**

Attach an organizational chart.

**Supervisory Responsibilities of Position**

(Name, title, position number of direct reports)

**Supervision Received**

(Name and Title of Immediate Supervisor)

**JUSTIFICATION FOR REQUESTING CHANGE / REVIEW**

May include a comparison of current responsibilities versus previous responsibilities.

Documents required by the Office of Human Resources for a Reclassification.

1. Future State Organizational Chart
2. Resume of Incumbent (if applicable)
3. Reclassification Request Form