

RECLASSIFICATION REQUEST

This is a request that an audit be scheduled by the Human Resources Office of the position identified below to determine if reclassification is warranted:

Requested by Department

Name of Incumbent Current Classification

Attach an updated job description which includes the position's permanent duties and responsibilities. List below a brief summary of the major duty changes and other relevant information. (Please attach extra justification of change and higher level duties if possible.)

These major duty changes have been performed since _____

Signature of Incumbent Date

Signature of Supervisor Date

Signature of Unit Director Date

Signature of Dean/Division Officer Date

FOR HUMAN RESOURCES OFFICE USE ONLY:

Date Updated PD Received: _____ Employee's Current Hourly wage _____

Continuous Service Date: _____

| ESTIMATED BUDGET COSTS | | CALCULATION EXPLANATION | |
|--|--|-------------------------|--|
| Estimated Hourly Pay Increase | | New wage | |
| Effective Date | | Old wage | |
| Estimated Total Cost for Current Fiscal Year | | Increase | |
| Date sent to Dean/Division Officer | | PP left X hours work | |
| | | Total increase | |