

POSITION RECLASSIFICATION REQUEST FORM

Please complete this form to start the process of a position reclassification. This template ensures all information is captured and makes the reclassification transparent and well-documented. An updated organizational chart is required, showing both the current structure and the proposed structure (before and after) to support the position reclassification request.

Position Number:

Department:

Org. Number:

Is this position currently filled or vacant?

Vacant

Filled

POSITION INFORMATION

Current Position Title:

Current Position Pay Grade:

Current Hourly Pay Rate:

Reclassified Position Title:

Reclassified Position Pay Grade:

Requested Reclassified Hourly Pay Rate:

JUSTIFICATION

Justify the request for reclassification and specify the improvements it will bring to departmental effectiveness. If the reclassification is an increase in salary, describe the financial effects.

ACKNOWLEDGMENT

I acknowledge that the information provided is accurate and complete, and I understand this request will be reviewed by both Budget and Human Resources for approval.

Name:

Title:

Date:

APPROVAL

Budget Approval:

Date:

Human Resources Approval:

Date:

Approved Reclassified Hourly Rate:

Effective Date: