

Classification or Reclassification Review Form

Part I: Job/Position Information

Request for Job Reclassification or Position Reclassification (see definitions in Section II of regulation):

Position being recommended for review: _____

Current Position Number: _____ Current Grade: _____ Proposed Grade: _____

Current Employee Name: _____

Department/Location of Employee: _____

Part II: Justification and Required Attachments (Answers provided on page 2 of this document)

- A. Why do you believe this position should be reviewed?
- B. What specific duties and responsibilities have changed since the position was last reviewed?
- C. What position(s) do you believe have comparable duties and responsibilities to this position?
- D. Attach the current and proposed job description and title
- E. Attach the current and proposed department organizational chart

Part III: Approval and Signatures

____ The parties agree that this form may be electronically signed. The parties agree that the digital signatures appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

Employee e-signature: _____ Date: _____

Budget Holder Making Review Request: _____

Printed Name and Title

____ Approved ____ Denied

Budget Holder E-Signature

Date

____ The budget holder accepts and agrees to make budget adjustments to fund classification or reclassification of position.

Notes: _____

Executive Director of Department E-Signature

Date

____ Approved ____ Denied

Printed Name and Title

(Approval to forward to Department of Human Resources for review)

Notes: _____

Executive Director of Human Services E-Signature

Date

____ Approved ____ Denied

Printed Name and Title

(Approval to forward to Superintendent for decision)

Notes: _____

Superintendent E-Signature

Date

____ Approved ____ Denied Effective Date for Approved Action: _____

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Part II: Justification and Required Attachments (Answers to Justification)

A. Why do you believe this position should be reviewed?

Part II: Justification and Required Attachments (Answers to Justification)

B. What specific duties and responsibilities have changed since the position was last reviewed?

Part II: Justification and Required Attachments (Answers to Justification)

C. What position(s) do you believe have comparable duties and responsibilities to this position?