



## Request for Reclassification of Position

Date of Request: \_\_\_\_\_

Requesting Employee: \_\_\_\_\_

Position Title: \_\_\_\_\_

Please describe any changes, in detail, that justify request for reclassification of this position

	Specific changes from original job description
<u>Essential</u> Duties and Responsibilities	
<u>Required</u> Qualifications	
General Skills and Abilities	
Requestor's comments	

Supervisor Approved:

Department Director Approved:

This application must be approved and signed by supervisor and department Director before consideration will be given. Request for reclassification does not guarantee any change will occur.  
Please return completed form with current job description attached to Human Resources department.