

TRAVIS UNIFIED
SCHOOL DISTRICT



Reaching beyond the boundaries
to build a community of learners.

RECLASSIFICATION REQUEST FORM
Human Resources

Employee Name: _____

Job Site: _____

Current Classification: _____

Requested Classification: _____

Supervisor's Signature: _____

Supervisor Comment:

RECLASSIFICATION is a change in title and/or job description using the criteria below. Increased work load **WILL NOT** be considered.

Permanent, new or different duties/tasks which are not currently in the job description.

Using these criteria above, please write a brief statement to substantiate your request.

Your request will be reviewed and if it follows the criteria, you will be given an appointment to present your case to the panel in April or May.

THIS FORM MUST BE RETURNED TO THE HUMAN RESOURCES OFFICE
NO LATER THAN MARCH 20TH

Please attach supporting documents