

CLASSIFIED EMPLOYEE
TEMPORARY RECLASSIFICATION FORM

Submit to Human Resources for approval prior to assigning employee.

Please reclassify _____ to the position of
(Name)

_____ from _____
(Position) (Date)

to _____. This reclass is to replace employee:
_____.

Supervisor's Signature Date

For approval by Human Resources

_____ Approved _____ Not approved

Assistant Superintendent of Human Resources and/or Director of Personnel

Date