

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:

_____.

- Reason for reclass: _____.
- Is position being actively recruited?: _____.
- Is this part-time, contract hours or additional or both: _____.

Supervisor's Signature

Date

For approval by Human Resources

Approved

Not approved

Associate Superintendent of Human Resources and/or Director of Human
Resources

Date