

Eureka City Schools

Classified Unit Reclassification/Reallocation Request Form

Applicant's Name/s: _____

Date Submitted: _____

Job Title: _____

Request: _____ Reclassification _____ Reallocation

1. Summary of Basis for Request.

2. Describe the following, as relevant to the request:

A. The position's functions/duties: _____

B. Required responsibility, knowledge, skills and/or experience: _____

C. Working conditions: _____

D. Other: _____

E. Supporting documents attached: _____

Employee's Signature(s):

Supervisor's Signature: _____

Date: _____

Supervisor's signature indicates review of application only.