Request for Job Classification Review

Date: _____   Requesting Supervisor: _____

Current Pay Grade: _____   Proposed Pay Grade: _____

Current Contract Days: _____   Proposed Contract Days: _____

Current Campus/Department: _____

Proposed Campus/Department:_____

Proposed Job Title: _____

Current Job Title: _____

Rationale for the requested reclassification:_____

_____

Attach the following required documents:

- A copy of the current job description (contact appropriate HR Director for assistance)
- Proposed job description
- Other Supporting Documentation, if applicable (compensation plan, market information/comparisons)

_____

Are you willing to adjust budget to reclassify the position(s)? Yes _____No_____

By approving this request, will any inequities with other positions be created? Yes ____ No ____

Requesting Supervisor's signature: _____ Date: _____

Cabinet Member's Signature: _____ Date: _____

Personnel Office Use Only

Date of Review: _____

Action Taken: _____

Pay Grade Placement: _____

Effective Date: _____

_____
                Approved By   Date

Comments: _____

_____