



Position Reclassification Form

EMPLOYEE INFORMATION

Employee Name:

Employee Location:

Supervisor Name:

Person Submitting Request:

Current Office Professional Classification (Attached a current job description) :

Requested Office Professional Classification (Attached a job description of proposed classification):

JOB SPECIFICATIONS

SPECIFIC JOB RESPONSIBILITIES CHANGES TO POSITION THAT CAUSE YOUR REQUEST



HUMAN RESOURCES DEPARTMENT

360.458.6185
FAX: 360.458.2469
107 FIRST STREET N. - PO Box 476
YELM, WA 98597-0476

JOB SPECIFICATIONS CONTINUED

SPECIFIC JOB RESPONSIBILITIES CHANGES TO POSITION THAT CAUSE YOUR REQUEST