



# School of UNDERGRADUATE STUDIES

## Position Reclassification Request Form

In the event a supervisor believes a position is in need of reclassification, the following procedure should be followed:

1. The employee must be in a classified or A&P title.
2. Complete the Reclassification Request Form; attach department/center organization chart and any additional information as needed.
3. Send the completed form and required documentation to UGS Business Office, Mail Code G8000.
4. Once the Business Office's review is complete, the recommendation will be reported to the employee's supervisor.

Reclassification requests must be approved by the university's Human Resource Services, Compensation Section before they can be considered final.

Employee name	
Date	
Supervisor making request	
Current department	
Current title	
Time in current position	
Original hire date	
Current salary	

POSITION RECLASSIFICATION INFORMATION	
Desired classification	
Desired salary increase	
If a salary increase is requested, how will it be funded?	Department Other (please specify): _____
If SFR, number and approval date	Number
	Approval Date
List the specific duties/responsibilities you feel are causing the employee to be out of class.	
Additional comments	

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR HR USE ONLY	___ Approved ___ Denied
HR Representative Signature	Date