

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 | | | | |
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| POSITION RECLASSIFICA | TION INFORMATIC |)N | | |
| Desired classification | | | | |
| Desired salary increase | | | | |
| If a salary increase is | Department | | | |
| requested, how will it be funded? | - | ecify): | | |
| | Numala a r | <u> </u> | | |
| If SFR, number and | Number | | | |
| approval date | Approval Date | | | |
| List the specific duties/respo | nsibilities you feel are | causing the employee to | be out of class. | |
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| Additional comments | | | | |
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| | | | | |
| Supervisor's Signature | | | | Date |
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| | | | | |
| Dean's Signature | | | | Date |
| FOR HR USE ONLY | | Appr | roved Denied | |
| | | | | |
| HR Representative Signature | | | | Date |
| | | | | |

| FUNCTIONS With percent time for each—must equal 100%. At least two essential functions are required; you may add up to eight with 500 characters per function. | | |
|--|---------|--|
| FUNCTION ONE | PERCENT | |
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| FUNCTION TWO | PERCENT | |
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| FUNCTION THREE | PERCENT | |
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| FUNCTION FOUR | PERCENT | |
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| FUNCTIONS With percent time for each—must equal 100%. At least two essential functions are required; you may add up to eight with 500 characters per function. | | | |
|--|---------|--|--|
| FUNCTION FIVE | PERCENT | | |
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| FUNCTION SIX | PERCENT | | |
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| FUNCTION SEVEN | PERCENT | | |
| | | | |
| FUNCTION EIGHT | PERCENT | | |
| | | | |

| SUPERVISORY INFORMATION | | | |
|-------------------------|-----|----|--|
| Students to supervise? | Yes | No | |
| Staff to supervise? | Yes | No | |

| REQUIRED QUALIFICATIONS | 1200 character limit. |
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| 200 character limit. |
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OPTIONAL QUALIFYING QUESTIONS

If desired, attach on a separate sheet of paper up to six multiple-choice questions with up to four answers each. There is a 250-character limit per question.

| WORKING CONDITIONS |
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| Exposure to standard office conditions |
| Climbing of stairs |
| Lifting and moving |
| Use of manual dexterity |
| Repetitive use of keyboard at workstation |
| Work as a team member in shared office space |
| ADDITIONAL WORKING CONDITIONS Optional |
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| JUSTIFICATION 1200 character limit. |
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| TEST REQUIREMENTS Optional |
| On File |
| Request score report from applicant |

| ADDITIONAL MATERIALS REQUESTED Optional | |
|--|--|
| Letter of application | |
| Three reference names with phone numbers and email addresses | |
| Résumé or CV | |
| Other: | |