REQUEST and JUSTIFICATION FOR RECLASSIFICATION
(Professional Support Staff Employees)

Reason for Reclassification:

Circle One:

Promotion ***(Evidence of Education/Experience must be submitted)*** Lateral Move Reorganization

Incumbent: _____ ID#: _____

Location: _____ Employment Status: Full Time: Limited Full-Time:

Current Classification: _____

Requested Classification: _____

JUSTIFICATION (Principal duties and responsibilities):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
Signature of Immediate Supervisor Date

Second Level Supervisor Review:

Please list any exceptions and/or additions to the immediate supervisor's justification for reclassification. If you have none, please write "None".

_____
_____
_____
_____

Approved for further review: Yes No

_____ _____
Signature of Second Level Supervisor Date

REQUEST and JUSTIFICATION FOR RECLASSIFICATION
(Professional Support Staff Employees)

Location Human Resources Review:

Please list any exceptions and/or additions.

_____

_____

Approved for review by Location Cabinet Member: Yes No

_____ _____

Signature of Location Human Resources Supervisor Date

Location Cabinet Member Review:

Please list any exceptions and/or additions.

_____

_____

Approved for review by District Human Resources: Yes No

Salary Impact: If approved, are you requesting:
- □ Minimum of new range.
- □ 7% Management Decision.
- □ Minimum or 7% whichever is greater.
- □ Lateral move, there is no salary impact.

_____ _____

Signature of Location Cabinet Member Date

District Human Resources Review/Verification:

Incumbent meets the minimum educational/skill requirements of the requested classification.

Yes No

_____ _____

Signature of DHR Analyst Date

Source: District Human Resources
Revised: July, 2003