



**HUMAN RESOURCES DEPARTMENT**  
**REQUEST FOR CLASSIFICATION REVIEW**

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This form must be completed and submitted to Human Resources for each request for a classification review of a **NEW** or **CURRENT** position. Please include all required documentation in order to expedite the review process.

Please note that the purpose of a classification program is to assign each compilation of duties and responsibilities a job title, pay range, and role description. A classification system is not a mechanism to reward employees for individual job performance.

*If you have any questions concerning the review process and/or documentation requirements, please contact the Human Resources Office.*

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Request submitted by: \_\_\_\_\_ Date completed: \_\_\_\_\_  
*Name/Title/Department*

This request is for *(select one)*:

**NEW OR VACANT POSITION:**  
*(A recruitment must be conducted for each new or vacant position after classification is complete.)*

**RECLASSIFICATION OF A CURRENTLY FILLED POSITION**

Name of Incumbent Employee(s): \_\_\_\_\_

Current Job Title/Salary Grade: \_\_\_\_\_

Approved by Department Head/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

***(Approval by the Department Head/Designee reflects agreement with the described duties AND budget authority for the new/modified position.)***

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**Human Resource Office Use Only**

Date received by HR: \_\_\_\_\_ Received By: \_\_\_\_\_

**Completed by HR upon completion of review:**

Current Job Title/Grade: \_\_\_\_\_

Review Completed By: \_\_\_\_\_

***If changed:***

New Job Title/Grade: \_\_\_\_\_

Incumbent(s)/Rate(s) of Pay: \_\_\_\_\_

Effective Date, if increase in pay: \_\_\_\_\_

**SUMMARY OF CHANGES**

**COMPLETE THIS FORM IF REQUESTING RECLASSIFICATION OF A CURRENT EMPLOYEE**

**PART I:** Explain the business need that resulted in this request and provide any supporting information that may be useful in review of the request. **INCLUDE A CURRENT ORGANIZATIONAL CHART FOR THE DEPARTMENT AND WORK UNIT.**

**PART II:** Summarize the primary changes in the employee’s job duties, responsibilities, and role. *(NOTE: An increase in workload is not adequate justification for a reclassification.)*

**PART III:** Approximate date Employee assumed new/modified jobduties: \_\_\_\_\_

Describe the impact of the changes in this position on other positions in the work unit. (For example, has the change resulted in former duties of the position being reassigned? If yes, describe the duties and the position to which the duties were assigned?)