



## Office of Human Resources Reclass Request Form

This form is applicable to Exempt and Non-Exempt positions. It must be accompanied by your Old (If available) and New Position Description Forms (PD).

- Classification actions are based on significant and substantial changes that have occurred or are expected to occur in the general purpose and the essential functions of the position. Note that the focus of a reclass is a “job” “changes” which must be significant and substantial. It is not about the employee, the employee’s performance, or employee’s length of service in the job or with the university.
- An increase in workload or volume of work is generally not considered a significant and substantial change. A request for reclass on the basis of an increase in workload will be denied.
- In an effort to determine whether significant and substantial changes have occurred in the duties and responsibilities of the position, please respond to the statements and questions below.
- This form must be approved by the Vice President before it is submitted to the Office of Human Resources. A reclass request that does not have the approval of the Vice President will be returned to the requestor.

### 1. Employee Information:

Employee Name:	Old Title:
Email:	New Title:
Department:	Supervisor’s Name:
	Supervisor’s PIN:

### 2. Please state the reason(s) for this request:

### 3. What are the new duties added or assigned to your current position? Please explain in detail what are you doing differently:



4. When exactly were your new duties added or changed?
  
5. Are you currently doing your old duties in addition to your new duties?
  
6. In the case of question 5, If you are not doing your old duties, has someone else assigned those duties or is your position now vacant? (If applicable)
  
7. Indicate if an organizational restructuring occurred or is expected to occur in the department that has caused the change(s) in the employee's position.
  
8. What are the minimum qualifications for the position?
  
9. Has the employee met the minimum qualifications?

Employee Signature:	Date:
Supervisor's Signature:	Date:
Department Head/Dean Signature:	Date:

Approved by:

Vice President's Signature:	Date: