



## **Classification Review Request Form**

Your Name: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_

Your Division: \_\_\_\_\_

Your Department: \_\_\_\_\_

Your Current Classification: \_\_\_\_\_

My job has changed since the Pay Plan Study

Requested Classification: \_\_\_\_\_

Please specify why you believe the requested grade is more appropriate for your position than the current classification. Relate duties you perform to the grade for the requested classification:

Use additional sheets if necessary

Employee Signature / Typed Name	Date
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**Employee:** Complete and forward this form to your immediate supervisor for review and comment. Your supervisor will review your request, make comments and forward to your department head. Your department head will review your request, make comments as appropriate and then forward it to the Personnel Department. Reclassification Requests must include the immediate supervisor and department head comments and signatures.

**Immediate Supervisor Comments**

<input type="checkbox"/> I agree with the employee's review request.
<input type="checkbox"/> I disagree with the employee's review request.
Reason/comment:

_____	_____
Immediate Supervisor Signature / Typed Name	Date

**Immediate Supervisor:** Complete and forward this form to your Department Head. The Department Head will review this request and make changes as appropriate. Please note that all appeals must be forwarded to the department head.

**Department Head or Designee Comments**

<input type="checkbox"/> I agree with the employee's review request.
<input type="checkbox"/> I disagree with the employee's review request.
Reason/comment:

_____	_____
Department Head Signature / Typed Name	Date

**Department Head:** Complete and forward this form to the Employee Resources Department. The Employee Resources Department will review this request and make changes as appropriate. Please note that all review requests must be filed with the Personnel Department.