



Classification Request Form

Position Description Form must be attached

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|-----------------------------------|-----------------------------------|
| Department Name: | Date Submitted: |
| Supervisor's Signature: | Supervisor's Printed Name: |
| Current Employee: | Current Title: |
| Current Compensation Rate: | |

Reason for Classification:

- Change in job responsibilities
- Reclassification of vacant position
- New budgeted position
- Departmental restructure
- Other (please explain below)

HR Use Only:

| | | |
|------------------------|-------------------------------|--------------|
| Reviewed By: | Date: | |
| Approved Title: | Approved Salary Range: | |
| FLSA Status | Exempt Non-Exempt | B-CAT |

After review, this form MUST be attached to a PAR