**RECLASSIFICATION REQUEST FORM**

**As a result of the financial implications associated with Covid-19, only urgent reclassifications that have been approved by the Chief Business Officer (CBO) or designee in a business unit are being reviewed at this time.**

**If the employee’s current position will be back filled, please contact your Recruiting Specialist instead of completing this form.**

|  |
| --- |
| **Requester:**  |
| **NAME:** **Click here to enter text.** |
| **TITLE:** **Click here to enter text.** |
| **DEPARTMENT:** **Click here to enter text.** |
| **DATE OF REQUEST:** **Click here to enter text.** |
| **Has the CBO in your business unit approved this request**? [ ]  **YES** [ ]  **NO** |

|  |
| --- |
| **Reclassification requested for (current information):** |
| **NAME:** **Click here to enter text.** |
| **EMPLOYEE ID:** **Click here to enter text.** |
| **DEPARTMENT NAME: Click here to enter text.** | **DEPARTMENT #: Click here to enter text.** |
| **TITLE:** **Click here to enter text.** | **GRADE:** **Click here to enter text.** |
| **SUPERVISOR:** **Click here to enter text.** |
| **FLSA STATUS:** [ ]  **EXEMPT** [ ]  **NON-EXEMPT** | **FTE: Click here to enter text.** |
| **ANNUALIZED SALARY**: **Click here to enter text.** |
| **When did the last written performance evaluation occur? Click here to enter text.** |
| **Are there any performance concerns?** [ ]  **YES** [ ]  **NO** |
| **If yes, please explain. Click here to enter text.** |

|  |
| --- |
| **Reclassification request information:**   |
| **PEOPLESOFT TITLE REQUESTED (Compensation staff can provide assistance): Click here to enter text.** |
| **JOB CODE: Click here to enter text.** | **GRADE: Click here to enter text.** |
| **Proposed effective date: Click here to enter text.** |
| **Proposed increase percentage, if appropriate: Click here to enter text.**  |
| **How was the increase amount determined? Click here to enter text.** |
| **Will the supervisor change? Click here to enter text.** |

|  |
| --- |
| **Justification:** |
| **How has the employee’s job changed? Are new responsibilities planned in the near future? Please provide a thorough rationale to support the reclassification.****Click here to enter text.** |
| **Does the employee meet the minimum qualifications for the requested position?** [ ]  **YES** [ ]  **NO**  |
| **Why is the reclassification essential at this time? Can it be delayed? Please explain.** |
| **Are there other employees who should be considered for a reclassification to maintain internal equity?**  [ ]  **YES** [ ]  **NO**  |
| **If yes, please explain. Click here to enter text.** |
| **Do you anticipate any negative reaction from other staff if the reclassification is approved?**  [ ]  **YES** [ ]  **NO** |
| **If yes, please explain. Click here to enter text.** |
| **Are there other circumstances to consider that support the request? Please explain. Click here to enter text.** |

|  |
| --- |
| **SOM USE ONLY (Additional Rows May Be Added; Speedtypes Must = 100%)** |
| **Speedtype #** | **Speedtype %** | **ST/Project Name** | **Current Balance (if applicable)** | **Grant End Date (if applicable)** |
|  |  |  |  |  |
|  |  |  |  |  |

**PLEASE COMPLETE THE JOB DESCRIPTION TEMPLATE ON THE NEXT PAGE.**

**Instructions: Please complete the template below. Group similar types of duties together in a section (i.e. administrative support, financial, research, etc.) and include the approximate percent of time spent doing the work. No area should be less than 10%. The template expands so please provide detailed information regarding job specific duties.**

|  |  |  |
| --- | --- | --- |
| **#** | **Duty / Responsibility** | **% of Time** |
|  | **Example: Data Entry – Checks data from completed forms or other documents for accuracy and completeness and enters into database. Reviews audit reports and resolves errors to ensure integrity of data.**  | **25%** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |

Please return your completed form to your Compensation contact.