

# Reclassification Job Change Review Form

*(To Be Completed By Employee)*

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Position: \_\_\_\_\_

Employee: \_\_\_\_\_

## Position Analysis

\_\_\_\_\_ % DELETED DUTIES: Identify those duties, tasks and responsibilities listed in the current position description that are no longer performed by the incumbent. Reference the deleted duties by listing them as they appear on the current position description.

\_\_\_\_\_ % REDUCED DUTIES: Identify those duties, tasks and responsibilities listed in the current position description that now constitute a lower percentage of the employee's work time. Reference the changed duties by listing them as they appear on the current position description.

\_\_\_\_\_ % NEW DUTIES: Identify new duties, tasks and responsibilities not listed in the current position description.

\_\_\_\_\_ % EXPANDED DUTIES: Identify those duties, tasks and responsibilities not listed in the current position description that now constitute a larger percentage of the employee's work time.

**Explain what caused the position changes listed above. Be specific as to how those changes occurred and in what time frame.**

**I am requesting the above position be reviewed for a possible reclassification.**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I have read the classification review appeal and find the description of duties and responsibilities to be an accurate description of the work.  Yes  No

**Supervisor's Comments:**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Additional sheets may be attached if needed.*