

REQUEST FOR CLASSIFICATION ACTION

--	--

THIS IS A REQUEST FOR (CHECK ONE) <input type="checkbox"/> A. RECLASSIFICATION OF AN OCCUPIED POSITION <input type="checkbox"/> B. RECLASSIFICATION OF A VACANT POSITION <input type="checkbox"/> C. ESTABLISHMENT OF A NEW POSITION	LAST NAME	FIRST NAME	INT	EMPLOYEE ID #		
	YOUR WORK ADDRESS			YOUR TELEPHONE #		
PRESENT CLASSIFICATION	PRESENT	DEPT.	DIV	LOC	OCC CODE	NAME OF DEPT, DIV, SECTION
REQUESTED CLASSIFICATION	IF "B" IS CHECKED, PREVIOUS EMPLOYEE'S NAME			DATE THIS REQUEST WAS PREPARED		
NAME & CLASSIFICATION OF IMMEDIATE SUPERVISOR				WORK ADDRESS AND TELEPHONE NUMBER OF SUPERVISOR		

DESCRIBE BELOW, IN DETAIL, THE WORK PERFORMED OR TO BE PERFORMED. ASSIGN PERCENTAGES TO EACH TASK. LIST TASKS IN ORDER OF FREQUENCY OR IMPORTANCE. IF THIS REQUEST IS FOR AN OCCUPIED POSITION, EMPHASIZE THE CHANGES THAT HAVE OCCURRED WHICH REQUIRE A CLASSIFICATION ACTION. ATTACH ADDITIONAL SHEETS IF NEEDED. LIST ALL TASKS.

ESTIMATE % OF TIME DEVOTED TO EACH TASK	TASKS PERFORMED

EMPLOYEE RELATIONS DEPT USE ONLY A B C EMPLOYEE STATUS _____ APPROVED _____ DISAPPROVED _____ SIGNATURE: _____ DATE: _____	DATE AUDIT FIELD AUDIT DESK AUDIT _____ _____ _____ REMARKS: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
--	---

