



Reclassification Job Requisition Form

Human Resources will need to review the position prior to the completion of this form.

1. Date _____ Employee Name _____
2. Department _____
3. Org and Account code _____ (the six-and four-digit codes to be charged)
4. Requested job title change (if applicable) From _____ To _____
5. Requested career band change From _____ To _____
6. Is there a request for a change in salary/rate? No _____ Yes increase _____ decrease _____
 *If yes, ensure to complete worksheet #10 **A reclassification does not guarantee a change in compensation.
7. Yearly schedule Full Year _____
 Academic Year: 9 month _____ 10 month _____
 Other Months _____ Weeks _____
8. Weekly schedule Hours/week (non-exempt) _____ Percentage (exempt) _____
9. Benefits eligibility will be determined by HR based on the information above and definitions below:
 - Full-time – a position greater than or equal to 1,560 yearly hours (30 hrs/wk full year) or 75%
 - Full-time benefits = regular appointment with over 1,560 yearly hours
 - Short-term benefits = 1 or 2 year term appointments with 1,560 yearly hours
 - Part-time – a position less than 1,560 yearly hours or 75%
 - Half-time benefits = regular appointment with over 1,000 yearly hours
 - Ineligible for benefits = regular appt less than 1,000 yearly hours or term appts with less than 1,560 yearly hours

10. Budget and Salary Projections:

*Salaried positions may skip the hourly rate and yearly hours boxes in sections 1 & 3

1) Staff Member's New/Requested Salary		2) Budget Impact (check one)		3) Staff Member's Current Salary	
Hourly Rate		No change		Hourly Rate	
Yearly Hours	X	Savings		Yearly Hours	X
Yearly Salary	=	Increase		Yearly Salary	=
Benefits at 34%	X	*if marked "no change" - stop & move to question #14		Benefits at 34%	X
Total Cost	=			Total Cost	=

10a. Salary Impact #1 Cost _____ minus #3 Cost _____ equals _____

*An increase to the budget will require an explanation within question #12

11. Please detail the reporting structure for this position. To which position will this position report and which position(s) will report to them? Are you expecting to restructure with this reclassification?

Position's direct supervisor:	
The position will supervise:	
Restructure: Yes or No?	

12. If you requested an increase in salary please explain in detail how this change will impact your budget for the upcoming term. For instance, will you reclassify or otherwise adjust your budget? Have you requested additional funds to support this change? If so, how much? What is your contingency plan if additional funds are not made available?

13. Attach a proposal/ justification for the employee reclassification including the following

- Increase/decrease in responsibilities
- Reporting structure changes
- Timeline of the changes (how long have the changes been in place?)

14. Attach a copy of the proposed position classification (job) description.

Position reclassifications go into effect four (4) times per year with the following request deadlines

<i>Effective Date</i>	<i>Filing Deadline</i>
July 1	April 15
October 1	September 1
January 1	November 15
April 1	March 1

Supervisor/Dept. Head _____ Date _____

Division Head _____ Date _____

Human Resources _____ Date _____

Provost's Office _____ Date _____