

REQUEST FOR CLASSIFICATION ACTION Faculty, A&P and USPS

Division: _____
 College/School/ Dept: _____
 Location of Position: Room/Bldg.: _____

A position description must be submitted with this request to effect all classification changes with the exception of an abolishment and department number change. Also, a proposed organizational chart must be submitted if the requested action alters the organizational structure (supervisory/subordinate reporting relationship) of the unit in any manner.

CHECK THE APPROPRIATE CLASSIFICATION ACTION THAT IS BEING REQUESTED:

- ESTABLISHMENT** - action taken to initially classify an authorized position.
- RECLASSIFICATION** - action taken to change the classification of the position as a result of a change in the duties and responsibilities assigned to the position.
- TRANSFER:**
 a) a transfer from one organizational unit to another organizational unit and/or
 b) a transfer from one classification plan to another classification plan
- RESLOT-** action taken to change the pay grade of an A & P position
- DEPARTMENT NUMBER CHANGE** - action taken to change the department number of a vacant position
- ABOLISHMENT** - action taken to eliminate an established position due to shortage of funds or work, or because of a material change in the duties or organization within the University. Specify below the reason for this action:
 LACK OF FUNDS PROGRAM ENDED
- OTHER** _____

CATEGORY	PRESENT	PROPOSED
Position #		
Position Title		
Class Code		
Pay Grade		
F.T.E.		
Department #		
Budget # (C&G, Aux, Foundation/Local Fund- Include Project#)		
Position Type		
Budgeted Months		

Incumbent's Name _____

Immediate Supervisor _____	Class Title _____	Position No. _____	Telephone No. _____
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RECOMMENDATION/APPROVAL/REVIEW:

1. _____
 AUTHORIZED RECOMMENDING OFFICIAL (*PRINT*) PHONE # _____

2. _____
 DEAN/DIRECTOR/DEPARTMENT HEAD (*SIGNATURE*) DATE _____

3. _____
 PRESIDENT/PROVOST/VICE PRESIDENT (*SIGNATURE*) DATE _____

FUNDING VERIFICATION:

 SPONSORED RESEARCH DATE _____

 BUDGET OFFICER DATE _____

FOR PERSONNEL USE ONLY

Effective Date: _____