

REQUEST FOR CLASSIFICATION REVIEW

Employee Name: _____ Study Center: _____
 E-Mail Address: _____ Phone Number: _____

Study Center Director: _____
 E-Mail Address: _____ Phone Number: _____

Current Classification: _____ Requested Classification: _____

1. What are the specific changes in the duties?

<u>New Duties:</u>	<u>% of Time:</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. If applicable, what specific duties have been re-delegated and to whom?

<u>Duties Delegated:</u>	<u>Delegated To:</u>	<u>% of Time:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

.....

I acknowledge that reclassification approvals are subject to funding availability. Without exception, the effective date of a reclassification is the first day of the month following receipt of a complete set of classification materials. Requests for retroactive reclassifications will not be considered without a justification approved by the Regional Director and Human Resources.)

Study Center Director: _____ Date: _____
 (Signature)