



Request for Reclassification Analysis

Employee Name: _____ **Date:** _____

Current: Range ____ Step ____ **Current Job Title:** _____

Requested: Range ____ Step ____ **Requested Job Title:** _____

Manager Rationale Section

Please provide rationale as to why you would support or not support this request. **Add additional pages if necessary.**

I agree with above request I disagree with above request

Immediate Supervisor Signature: _____ Date: _____

Print Name/Title:

Please forward to Reclassification Review Board.

Reclass Review Board Rationale Section

Please provide rationale as to why you would support or not support this request. **Add additional pages if necessary.**

Reclass Review Board Area	
We agree with above request <input type="checkbox"/>	We disagree with above request <input type="checkbox"/>
CSEA Reps: _____, _____	Date: _____
Print Names: _____, _____	
Managers: _____, _____	Date: _____
Print Names: _____, _____	
Please forward to Human Resources.	

Human Resources Rationale Section

Please provide rationale as to why you would support or not support this request. **Add additional pages if necessary.**

Human Resources Area	
We agree with above request <input type="checkbox"/>	We disagree with above request <input type="checkbox"/>
HR Representatives: _____, _____	Date: _____
Print Names: _____, _____	