REALLOCATION/CHANGE IN CLASSIFICATION REQUEST

Employee	Current Classification
Division/Department	Proposed Classification

***Please contact Budget Director as changes in classification will impact the department budget.**

This request is for a (check one):

☐ Reallocation ☐ Change in allocation

Employee Signature Date

I am fully aware and fully support the pursuance of a reallocation/change in allocation of the above current classified position.

Signature of Supervisor Date

Signature of appropriate Vice President Date

Comments:

RETURN COMPLETED FORM TO THE HUMAN RESOURCES OFFICE WITH RELATED INFORMATION

For Human Resources Use Only

Date Received: Initials: