

“REQUEST FOR RECLASSIFICATION”

Job Title _____ Classification _____ Salary _____

Department _____ Department Director _____

Recruitment Start Date _____ Projected Employee Start Date _____

Budget Availability Yes No

Line Item #: _____

Approved By: _____

Director of Finance

Essential Job Duties: _____

Other Responsibilities: _____

Special requirements (location, working hours, travel, ect.): _____

Qualifications (be very specific): _____

Submitted by: _____

Director

Date

Approved by: _____

County Manager

Date

Reviewed by: _____

Human Resource Director

Date

For Human Resource Department Use Only:

Less than 50K (35%/65%)

Premium Status

More than 50K (40%/60%)