

Reclassification Job Change Review Form

(To Be Completed By Employee)

Position _____

Employee _____ WSID _____

Position Analysis

_____% DELETED DUTIES: Identify those duties, tasks and responsibilities listed in the **current position description** that are no longer performed by the incumbent.

_____% REDUCED DUTIES: Identify those duties, tasks and responsibilities listed in the **current position description** that now constitute a lower percentage of the employee's work time.

_____% NEW DUTIES: Identify new duties, tasks and responsibilities not listed in the **current position description**.

_____% EXPANDED DUTIES: Identify those duties, tasks and responsibilities not listed in the **current position description** that now constitute a larger percentage of the employee's work time.

Explain what caused the position changes listed above. Be specific as to how those changes occurred and in what time frame.

I am requesting the above position be reviewed for a possible reclassification.

Employee's Signature _____ Date _____

Supervisor's Name _____

I have read the classification review appeal and find the description of duties and responsibilities to be an accurate description of the work. Yes No

Supervisor's Comments:

The signatures below are an acknowledgement of the reclassification request by the employee but do not represent an approval of the reclassification by the Supervisor or Vice President. The approval is determined by the Reclassification Committee.

Supervisor's Signature _____ Date _____

Vice President's Signature _____ Date _____

Additional sheets may be attached if needed.