



**The following questions are to be answered by the first level management supervisor of the employee preparing this request. Use separate sheets to answer any of the questions, if necessary.**

Have you reviewed the job description and discussed this request with the employee?  Yes  No

Considering only the duties and responsibilities of this position and not the incumbent(s), do you feel that it is properly classified at present?  Yes  No

If no, in what specific ways do you believe it is inconsistent with the job description and/or normal duties of other positions within the classification?

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How did the incumbent accrue the additional job duties?

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Is it necessary for the incumbent to continue the additional job duties?

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What do you think would be an appropriate title and range for the duties and responsibilities currently performed by the incumbent?

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Management Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO SUPERVISOR: Please forward this reclassification request to your Director and Division Head.

REVIEWED BY: (Please sign)

Director: \_\_\_\_\_ Date: \_\_\_\_\_

Division Head: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward this reclassification request to Personnel Services.**

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This Section completed by Personnel Services:

- After review of this request, I do not recommend a formal classification study be conducted at this time.
- After review of this request, I recommend a formal classification study be conducted.
- Other, please see attached comments.

Division Head: \_\_\_\_\_ Date: \_\_\_\_\_