Unionized Employee Role Reclassification Form

Employee Information

Employee Name
Employee ID
Department
Current Job Title
Proposed Changes
Proposed Job Title
Proposed Classification/Level
F10p0seu Glassification/Level
Proposed Effective Date
Reason for Reclassification
Reason/Justification
Job Duties
Current Job Duties
Current Job Duties
Proposed Joh Duties
Proposed Job Duties

Authorization

Supervisor Name			
Supervisor Signature			
Date			