



# Classification Request

## REQUESTOR

Date: \_\_\_\_\_ Program Area: \_\_\_\_\_  
 Name: \_\_\_\_\_ Region: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Circuit / Facility: \_\_\_\_\_

## ACTION REQUESTED

Update:  Supervisor Change:  Org Code Change:   
 Reclassify / Position Title Change:  Location/Address Change:  Other:

## POSITION INFORMATION

Position Number: \_\_\_\_\_ Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 Class Code: \_\_\_\_\_ Class Title: \_\_\_\_\_  
 Broadband Code: \_\_\_\_\_ Broadband Occupation: \_\_\_\_\_  
 Org Code: \_\_\_\_\_ Budget Entity: \_\_\_\_\_ Pay Grade: \_\_\_\_\_  
 SPC: \_\_\_\_\_ CAD: \_\_\_\_\_ Biweekly Salary: \_\_\_\_\_

## PROPOSED CHANGES

Class Code: \_\_\_\_\_ Class Title: \_\_\_\_\_  
 Broadband Code: \_\_\_\_\_ Broadband Occupation: \_\_\_\_\_  
 Org Code: \_\_\_\_\_ Budget Entity: \_\_\_\_\_ Pay Grade: \_\_\_\_\_  
 SPC: \_\_\_\_\_ CAD: \_\_\_\_\_ Biweekly Salary: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Building Name: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## REVIEWED BY

\_\_\_\_\_  
**Chief of Human Resources** Date

Recommend Approval: **Yes**  **No**

\_\_\_\_\_  
**Chief of Budget** Date

BE has sufficient rate for this action: **Yes**  **No**

BE has sufficient salary budget: **Yes**  **No**

\_\_\_\_\_  
**Chief of Staff** Date

Approved: **Yes**  **No**