



**SUPPORT STAFF JOB RECLASSIFICATION  
SUPPLEMENTAL DATA FORM**

**Employee Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**I am submitting the following supplemental information in support of my request for review:**

Describe below, attaching additional pages, if needed, any pertinent information you believe supports this request for review. Information may include the following:

- ✓ functions not included in your current job description
  
- ✓ time spent completing the additional functions
  
- ✓ the critical need for those functions
  
- ✓ what you feel is your appropriate job title and why

Keep a copy to review with your supervisor and forward the original copy to the Human Resources Department. Following a discussion with your supervisor, he/she will forward the signed copies with any information he/she may feel is pertinent to the review.