

Reclassification Request Form California

Employee Information

Employee Name: _____

Employee ID: _____

Current Position: _____

Proposed Position: _____

Department: _____

Date of Request: _____

Current Position Details

(List current job duties and responsibilities.)

Proposed Position Details

(List the new responsibilities and required skills for the requested reclassification.)

Justification for Reclassification

(Explain the need for this reclassification, including workload changes, skills acquired, or business needs.)

Current Role	New Role	Proposed Salary Adjustment	Approval Status
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Supervisor's Recommendation

- Strongly Recommend
- Recommend
- Do Not Recommend

Supervisor Name: _____

Signature: _____

Date: _____

Human Resources Department Review

- Approved Denied

HR Representative Name: _____

Signature: _____

Date: _____