

**Western Connecticut State University
Internal Position Reclassification Request Form**

Requesting Department Section

Requester's Name: _____ Requester's Title: _____

Department: _____ Name of Incumbent: _____

Current Union: _____ Proposed Union (if changing) _____

Current Title: _____ Current Rank: _____

Proposed Title: _____ Proposed Rank: _____

Proposed Effective Date: _____ Position Control #: _____

Justification for Reclassification:

Department Supervisor's Signature: _____ Date: _____

Dean (if applicable): _____ Date: _____

Supervising Vice President: _____ Date: _____

Human Resources Department Section

Check Required Documents

_____ Revised Job Description _____ Organizational Chart
_____ Duties Questionnaire _____ PLD-1 Form
_____ Admin. Asst. Managers Questionnaire _____ Resume
_____ Previously Under-filled Position, Restoring it to its Originally Approved Level

Incumbents Current Salary: \$ _____ Incumbents Proposed Salary: \$ _____

Budgetary Impact:

	<u>Current Fiscal Year</u>	<u>Annualized</u>
Additional Salary	\$ _____	\$ _____
Additional Fringe Benefits	\$ _____	\$ _____
Totals	\$ _____	\$ _____

HR Department Approval * _____ Date: _____

*** This signature verifies that the above checked off documents have been reviewed by the Human Resources Department and that the proposed reclassification to the new position is appropriate and that the incumbent meets all of the necessary requirements to be reclassified to the proposed level.**

President's Advisory Council Review

_____ Approved

_____ Denied

Meeting Date: _____

Dean of Human Resources _____

Date: _____

Document #: FY _____ - R - _____