

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

**Requesting Department Section**

Name of Incumbent: \_\_\_\_\_ Department: \_\_\_\_\_

Current Title: \_\_\_\_\_ Current Rank (SUOAF Only): \_\_\_\_\_

Proposed Title: \_\_\_\_\_ Proposed Rank (SUOAF Only): \_\_\_\_\_

Justification for Reclassification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures/Electronic Approvals:

Department Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dean (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

**Vice President's Council Review**

\_\_\_\_\_ Approved                  \_\_\_\_\_ Denied                  Meeting Date: \_\_\_\_\_

Associate VP for Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

**Human Resources Department Section**

Check Required Documents

_____ Revised Job Description	_____ Organizational Chart
_____ Duties Questionnaire	_____ CT-HR-12 Form
_____ Admin. Asst. Managers Questionnaire	_____ Resume
_____ Previously Under-filled Position	

Position Control #: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

Incumbent's Current Salary: \$ \_\_\_\_\_ Incumbent's Proposed Salary: \$ \_\_\_\_\_

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.**