

## REQUEST FOR CLASSIFICATION ACTION Faculty, A&P and USPS

Division: \_\_\_\_\_  
 College/School/ Dept: \_\_\_\_\_  
 Location of Position: Room/Bldg.: \_\_\_\_\_

**A position description must be submitted with this request to effect all classification changes with the exception of an abolishment and department number change. Also, a proposed organizational chart must be submitted if the requested action alters the organizational structure (supervisory/subordinate reporting relationship) of the unit in any manner.**

**CHECK THE APPROPRIATE CLASSIFICATION ACTION THAT IS BEING REQUESTED:**

- ESTABLISHMENT** - action taken to initially classify an authorized position.
- RECLASSIFICATION** - action taken to change the classification of the position as a result of a change in the duties and responsibilities assigned to the position.
- TRANSFER:**  
 a) a transfer from one organizational unit to another organizational unit and/or  
 b) a transfer from one classification plan to another classification plan
- RESLOT-** action taken to change the pay grade of an A & P position
- DEPARTMENT NUMBER CHANGE** - action taken to change the department number of a vacant position
- ABOLISHMENT** - action taken to eliminate an established position due to shortage of funds or work, or because of a material change in the duties or organization within the University. Specify below the reason for this action:  
 LACK OF FUNDS                       PROGRAM ENDED
- OTHER** \_\_\_\_\_

CATEGORY	PRESENT	PROPOSED
Position #		
Position Title		
Class Code		
Pay Grade		
F.T.E.		
Department #		
Budget # (C&G, Aux, Foundation/Local Fund- Include Project#)		
Position Type		
Budgeted Months		

**Incumbent's Name** \_\_\_\_\_

Immediate Supervisor	Class Title	Position No.	Telephone No.
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**RECOMMENDATION/APPROVAL/REVIEW:**

1. \_\_\_\_\_  
 AUTHORIZED RECOMMENDING OFFICIAL (*PRINT*)      PHONE #

2. \_\_\_\_\_  
 DEAN/DIRECTOR/DEPARTMENT HEAD (*SIGNATURE*)      DATE

3. \_\_\_\_\_  
 PRESIDENT/PROVOST/VICE PRESIDENT (*SIGNATURE*)      DATE

**FUNDING VERIFICATION:**

\_\_\_\_\_ DATE  
 SPONSORED RESEARCH

\_\_\_\_\_ DATE  
 BUDGET OFFICER

**FOR PERSONNEL USE ONLY**

Effective Date: \_\_\_\_\_