

**UW-GREEN BAY OFFICE OF HUMAN RESOURCES
RECLASSIFICATION PROCEDURES FORM**

Name _____ Date _____

Department _____

Current Classification _____

Proposed Classification _____

CHECKLIST

The following documents must be completed to support a reclassification request:

1. **New Position Description**
 - Position Description Cover Form**
 - Position description (description of job duties/tasks)**

2. **Current Organizational Chart**
 - Must show entire department including incumbent's position in the area**

3. **Reclassification Analysis Form**
 - Duties identified by letter/number for all sections on analysis form**
 - Reason for position changes described clearly and in detail**
 - Signed by appropriate supervisor**

4. **Supervisory Analysis Form (if position serves as a true supervisor and is identified with a supervisory classification title)**
 - Signed by supervisor and incumbent.**

****All forms can be obtained by contacting the Office of Human Resources****

Approval to Review Position _____
(Supervisor Signature) (Date)

(Dean/Division Head Signature) (Date)

(Area Leader Signature) (Date)

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Office of Human Resources Use Only

All Materials Received

Missing Materials Indicated

(Signature of Human Resources Representative)

(Date Materials Received)