

DEPARTMENT OF HUMAN RESOURCES
 RECLASSIFICATION REQUEST FOR
 RESEARCH ASSISTANTS/RESEARCH ASSOCIATES/ACADEMIC ASSISTANTS

Log #: _____

Date: _____

I. DEPARTMENTAL

Department: _____

Name of Employee: _____

Immediate Supervisor: _____

Current Title: _____

Requested Title: _____

Current Annual Salary Rate: _____

Requested Annual Salary Rate: _____

Effective Date of Change: _____

Fund Source/FRS: _____

Describe the change in responsibilities: _____

All requests will be reviewed by the Department of Human Resources. When information is complete, route for signatures and forward along with CURRENT RESUME to Classification Unit, Human Resources, Box U-5075.

Signature

Date

Approve/
Disapprove

Immediate Supervisor _____

Department Head _____

Dean/Director _____

II. HUMAN RESOURCES

Approved

Disapproved

Signature

Date