

RECOMMENDATION FOR CLASSIFICATION ACTION

Department _____

CLASSIFICATION ACTION REQUESTED			
<input type="checkbox"/> Modify Job Description	<input type="checkbox"/> Establish New Job	<input type="checkbox"/> Reclassify Vacant Position	
<input type="checkbox"/> Schedule Change	<input type="checkbox"/> Establish New Position	<input type="checkbox"/> Reclassify w/ Incumbent	
CURRENT POSITION DATA			
Current Job Title:		Salary Range:	Job ID:
DPR #:		Schedule:	FLSA Status E or N:
Incumbent:		Current Salary:	Unit/Org:
PROPOSED POSITION DATA			
(Complete this section only when establishing new jobs or new positions)			
Proposed Job Title:		Salary Range:	Job ID:
DPR #:		Proposed Schedule:	FLSA Status E or N:
Incumbent:	Proposed Salary:	Unit/Org:	Effective Date:

Justification and/or Comments regarding requested action and final recommendation:
APPROVAL SIGNATURES:
HR Analyst Signature/Date
HR Manager/Director Signature/Date
HR Technician (Salary Action Entered)/Date
Agency Finance Approval Signature/Date (if required)
Agency Executive Director Signature/Date (if required)