Supervisory Considerations for Position Reclassification Request

Date:		
Position Title and Level:		
Supervisor Name:		
Supervisor Signature:		
1.	Why is a position reclassification more suitable for your office's needs than a reorganization of office duties?	
2.	What additional duties are being assigned/eliminated to merit a reclassification.	
3.	Have any new duties eliminated prior responsibilities?	
4.	Do you feel that increasing uses of technology at the college is grounds for this position reclassification? Please explain.	
5.	Will this reclassification result in a change of unit classification, i.e. support employee to supervisory employee?	
6.	What do you intend to be the funding source for this reclassification? (Note Chart Items 13-15)	
7.	What do you feel is the most significant reason for this request?	

8.	Why is a reclassification request more suited for your office than the addition of temporary or hourly help?
9.	Would a short-term pay increase/decrease possibly satisfy the need for this reclassification request? If not, why?
10.	Do you feel that members of your staff may be impacted by this position reclassification?
	a. If so, how?
	b. How will you handle requests for future reclassifications?
11.	If the request were denied, how would you organize the area to accommodate office needs?
12.	Considering your departmental organization, why was this position selected for reclassification at this time?
FU	NDING STRATEGIES/SUGGESTIONS:
13.	How will the cost of this reclassification be covered in the current fiscal year: a. Total Amount b. Is this a % of the base salary? c. Account Number (s)
14.	How will the cost of this reclassification be sustained in the next fiscal year: a. Total amount b. Is this a % of the base salary? c. Account Number (s)
15.	Comments:
16.	Questions: