|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Received Date: | | |  | BHR Tracking #: |  |
|  | | | | |
| index | Request for Employee Reclassification in Deep Class Series (BTS only) | | | |

**Date of Request:**    /    /

BTSis authorizing the reclassification of

*(Employee Name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(PERNR:)*       *(Position #)* 4

through the Deep Class Series,

from the present job of Classification Number: Choose an item. Title:

to the job of Classification Number: Choose an item. Title:

Provide the employee’s current and proposed salary pay rate:

|  |  |
| --- | --- |
| ***Employee’s Current Pay Rate:*** *$* | ***Employee’s Proposed Pay Rate:***  *$* |

**Please complete the questions on the back and provide a current organizational chart.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Union Notice send to/date: | | | | | | |
|  | Approved  Disapproved |  | Effective Date: | /    / | | |
|  |  | | | | | |
|  | Class/Comp Analyst |  | Date |  | | |
|  | Position Management initials and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
|  |  | | | |  | **HRBP:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Briefly explain the reason(s) for the request:** | | | | | | |
|  | | | | | | |
| 1. **Please provide a statement detailing the employee’s ability to substantially perform the full range of duties of the higher-level classification.** This statement must describe the higher-level duties the employee is performing as well as the knowledge, skills, and abilities the employee possesses to accomplish those higher duties.) | | | | | | |
|  | | | | | | |
| For more information, contact: |  | Phone: |  | |  |  |
| **A current organizational chart showing the affected position is required and must be attached.** | | | | | | |
|  | | | | | | |
| Name of Requesting Party\*\* (print):  Signature of Requesting Party: | | | | Date: | | |
| Name of Bureau Management\*\* (print):  Signature of Bureau Management: | | | | Date: | | |

**\*\*FORWARDING OF THIS FORM CONSTITUTES APPROVAL OF THIS REQUEST FOR FURTHER ACTION.**