

PALM BEACH STATE COLLEGE
ANNUAL POSITION RECLASSIFICATION REQUEST FORM

Employee Name _____ Location _____
 Supervisor Name _____ Department _____
 Budget Position # _____ Fund/Org/Acct# _____

Current Position
 Title _____

Requested Reclassified Position
 Title _____

All items listed below must be submitted for consideration:

- Copy of current department organizational chart
- Completed Job Analysis Questionnaire (JAQ)
- Completed Reclassification Request Form
- Appropriate Approval Signatures as follows:

Supervisor: _____ Date: _____

and/or

Division Administrator: _____ Date: _____

and

Vice President: _____ Date: _____

and/or

Provost: _____ Date: _____

- Completed Reclassification Packets submitted to the Office of Human Resources on or before March 31st will be considered for the upcoming fiscal year.
 - Packets received without the appropriate approval signatures will be returned.
 - Late submissions will not be considered until the next consecutive fiscal year.
- Further information may be found within the Salary Schedule, section B, item 9 entitled Reclassifications.*

Use the space below to provide supporting information to warrant this position reclassification. As stated within the Salary Schedule, reclassification is not intended to recognize individual achievement or an increase in volume of work. As a standard, 40% of the job should have changed to warrant a reevaluation. Within the documents submitted for reclassification, emphasis should be given to the current functions of the job. This includes, but is not limited to, actual changes to job functions that resulted in an advanced level of skill, knowledge, responsibility and/or authority.

Feel free to include and attach any additional relevant information.