



Human Resource Office

314 Showalter Hall
Cheney, WA 99004-2445

MANAGEMENT RECLASSIFICATION REQUEST FORM

Person requesting review: _____

Reason for the request: _____

Current Position identified for review (attach current job description and proposed revised job description):

Position was last reviewed on: _____

What are the specific changes to the position that cause your request for review?

	Approved	Disapproved
Signature of Requestor: _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Supervisor: _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Department: _____ Date _____ Chair/Director (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Dean (if appropriate): _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Provost/Vice Provost/President: _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>