

Berkeley College of Chemistry

STAFF RECLASSIFICATION REQUEST

Requestor Information

Name: _____

Dept: _____

Email: _____

Date: _____

Current Position Information

Incumbent: _____

Working Title: _____

Current Annual Salary: _____

Job Code/Description: _____

Funding source (grant, gift, department funds, etc): _____

Requested Reclass Position Information

Proposed Working Title: _____

Proposed Annual Salary: _____

Proposed Job Code/Description: _____

Can the funding source support the additional salary? If no, please explain how the increase will be paid for.

Yes

No

Briefly describe how the current duties of this position have evolved or grown. Include a current and revised Org Chart if reporting structures will change.

Does Compensation (People & Culture) already support the reclass request?

Yes

No

Have not discussed with them yet

Chair / Dept Manager Approval: _____ Date: _____

Sr Asst Dean of Administration Approval: _____ Date: _____

Dean Approval: _____ Date: _____