

**DEPARTMENT OF HUMAN RESOURCES**  
 RECLASSIFICATION REQUEST FOR  
 RESEARCH ASSISTANTS/RESEARCH ASSOCIATES/ACADEMIC ASSISTANTS

Log #: \_\_\_\_\_

Date: \_\_\_\_\_

**I. DEPARTMENTAL**

Department:

Name of Employee:

Immediate Supervisor:

Current Title:

Requested Title:

Current Annual Salary Rate:

Requested Annual Salary Rate:

Effective Date of Change:

Fund Source/FRS:

Describe the change in responsibilities:

All requests will be reviewed by the Department of Human Resources. When information is complete, route for signatures and forward along with CURRENT RESUME to Classification Unit, Human Resources, Box U-5075.

Signature

Date

Approve/  
Disapprove

Immediate Supervisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Head

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dean/Director

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**II. HUMAN RESOURCES**

Approved

Disapproved

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*