

JOB RECLASSIFICATION

I understand that I will be changing positions from _____ to _____
because of:

- Inability to Meet Job Requirements
- Personal Decision
- Inability to Transfer
- Other (please explain)

and that my current wage \$_____, and job title will be adjusted according to the new position of
_____.

New Wage: \$_____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Effective Date: _____

This form is to be utilized only when the reclassification will cause a change in wages and/or benefits.