REQUEST FOR CLASSIFICATION ACTION
Faculty, A&P and USPS

Division: Finance and Administration

College/School/ Dept: Office of Human Resources

Location of Position: Room/Bldg.: _____

A position description must be submitted with this request to effect all classification changes with the exception of an abolishment and department number change. Also, a proposed organizational chart must be submitted if the requested action alters the organizational structure (supervisory/subordinate reporting relationship) of the unit in any manner.

CHECK THE APPROPRIATE CLASSIFICATION ACTION THAT IS BEING REQUESTED:

☐ **ESTABLISHMENT** - action taken to initially classify an authorized position.

☑ **RECLASSIFICATION** - action taken to change the classification of the position as a result of a change in the duties and responsibilities assigned to the position.

☐ **TRANSFER:**

a) a transfer from one organizational unit to another organizational unit and/or
b) a transfer from one classification plan to another classification plan

☐ **RESLOT**- action taken to change the pay grade of an A & P position

☐ **DEPARTMENT NUMBER CHANGE** - action taken to change the department number of a vacant position

☐ **ABOLISHMENT** - action taken to eliminate an established position due to shortage of funds or work, or because of a material change in the duties or organization within the University. Specify below the reason for this action:

☐ LACK OF FUNDS ☐ PROGRAM ENDED

☐ **OTHER** ____

CATEGORY	PRESENT	PROPOSED
Position #	19185	19185
Position Title	Coordinator, Management Analysis	Associate Director, HR (HRIS)
Class Code	9226	9337
Pay Grade	2	4
F.T.E.	1.00	1.00
Department #	033500	030300
Budget # (C&G, Aux, Foundation/Local Fund- Include Project#)	033500	030300
Position Type	Administrative and Professional (A&P)	Administrative and Professional (A&P)
Budgeted Months	12- Month (26.1 Pay Pds.)	12- Month (26.1 Pay Pds.)

Incumbent's Name Vacant

Ella Kiselyuk	AVP, HR (Chief of Staff F&A)	17418	(850) 412-5146
Immediate Supervisor	Class Title	Position No.	Telephone No.

RECOMMENDATION/APPROVAL/REVIEW:

1. Ella Kiselyuk (850) 412-5146
AUTHORIZED RECOMMENDING OFFICIAL (*PRINT*) PHONE #

2. _____
DEAN/DIRECTOR/DEPARTMENT HEAD (*SIGNATURE*) DATE

3. _____
PRESIDENT/PROVOST/VICE PRESIDENT (*SIGNATURE*) DATE

FUNDING VERIFICATION:

_____
SPONSORED RESEARCH DATE

_____
BUDGET OFFICER DATE

FOR PERSONNEL USE ONLY

Effective Date: _____