



Veterans
Medical Research
Foundation

REQUEST FOR EMPLOYMENT RECLASSIFICATION

To:	VMRF Human Resources		
From:	Supervisor's Name:		
Mail Code:		Extension:	

Please complete this form by providing all relevant information regarding the duties and responsibilities assigned to this position you wish to have reviewed for a reclassification designation. Include as much detail as needed to explain the changes and the justification for a change in classification. *(Attach additional sheets if necessary.)*

Employee's Name:			
Employee's Current Title:		Current Salary:	\$
Requested Title:		Requested Salary:	\$
Requested Effective Date:			
Current Project #:			

Please compare the employee's original position and the reclassified position by describing how the job responsibilities have been expanded, added, and/or deleted. *(include dates)*

What caused the changes? *(If the additional duties came from another VMRF position, it may be necessary to provide an updated job description of that position for review.)*

Explain why you believe these changes support a change of classification for the position. *(Please remember that complexity and judgment, and the skill and knowledge required are considered; volume of work or performance of the incumbent are not considered.)*

Supervisor's Signature

Date

HREMP: 1048.071808