

JOB RECLASSIFICATION FORM

Date:

Department (From):	Department (To):
Job Reclassification of:	Job Reclassified to:
Existing Position level	New Position level
Line Manager's Name & Designation:	Proposed Salary with comments:
Replacement of:	

Indicate in which area(s) the job has realized a significant change and what those changes are in terms of: (Job Responsibility, Knowledge/Experience, Job Tasks, Job Complexity, Decision Making etc.)

Approvals Required:

Recommended by HOD/ Director/Dean:	Approved <input style="width: 40px; height: 20px;" type="checkbox"/>	Denied <input style="width: 40px; height: 20px;" type="checkbox"/>
Endorsed by Director HR:	Approved <input style="width: 40px; height: 20px;" type="checkbox"/>	Denied <input style="width: 40px; height: 20px;" type="checkbox"/>