

REQUEST FOR RECLASSIFICATION

Business Operations, The Ohio State University

To be completed by supervisor.

EMPLOYEE NAME:	
CURRENT TITLE:	CURRENT PAY RANGE:
PROPOSED TITLE:	PROPOSED PAY RANGE:
ORIGINAL DUTIES:	
CURRENT DUTIES:	
MAJOR DIFFERENCES:	
PROPOSED AMOUNT OF INCREASE (If greater than 10%, please provide rationale):	
WILL CURRENT POSITION BE REPLACED?	

Submitted By: _____
E-Mail Address: _____
Phone: _____

Submit completed form to Judi Lang, Business Operations Human Resources, 105 Stores & Receiving Building, 2650 Kenny Rd., Fax 2-5666.