

**Reclassification Request, Section #2**  
**Department Head/Elected Official or Designee**

Please review the employee's information from Section #1 and answer the following questions. After meeting with the employee and completing Section #2, please provide a complete copy of section to the employee for submission with Section #1 to Human Resources at [HRreclass@ingham.org](mailto:HRreclass@ingham.org). If there are questions, please email the aforementioned email address or call Human Resources at (517)887-4328.

1. What is the name of the employee requesting reclassification?

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2. How many pages were included in the employee's reclassification request?

\_\_\_\_\_

And how many pages of supplemental materials are being submitted?

\_\_\_\_\_

3. Do you believe any of the missing duties described by the employee are found in their current job description? If yes, which ones and to which essential function do they relate?

4. Do these new duties take the amount of time (expressed as hours per week and/or % of their time performing all tasks, not to exceed a total of 100%) indicated by the employee? If not, please explain.

5. Is there any additional information you would like HR to consider regarding this employee's reclassification request.

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Person Completing this Section (please print)

Date

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Department Head/Elected Official signature (required)

Date