

# **Reclassification Request, Section #1**

## **Employee**

Employee Name: \_\_\_\_\_

Current Job Classification/Title: \_\_\_\_\_

Union (if applicable): \_\_\_\_\_

Department: \_\_\_\_\_

Total pages submitted (including this page) \_\_\_\_\_

You must answer items A-E for **each** missing duty for your packet to be complete. Only completed packets will be considered for reclassification.

Upon completion, submit Section #1 including support documents and Section #2 to [HRreclass@ingham.org](mailto:HRreclass@ingham.org) and, if applicable, your Union representative, before 5 p.m. on the day of your deadline. To determine your deadline, check the Human Resources webpage. If you have questions, please email the aforementioned email address or call (517)887-4328.

Please number all of the pages being submitted and keep a copy of all the documents you submit.

### **#1 Task missing from current job description:**

- A. Provide a detailed description of the task:
  
- B. How much time do you spend each week performing this task?
  
- C. What circumstances lead to you performing this task?
  
- D. How long have you been required to perform this task?
  
- E. What is the name of the person who used to perform this task?

**#2 Task missing from current job description:**

- A. Provide a detailed description of the task:
  
- B. How much time do you spend each week performing this task?
  
- C. What circumstances lead to you performing this task?
  
- D. How long have you been required to perform this task?
  
- E. What is the name of the person who used to perform this task?

**#3 Task missing from current job description:**

- A. Provide a detailed description of the task:
  
- B. How much time do you spend each week performing this task?
  
- C. What circumstances lead to you performing this task?
  
- D. How long have you been required to perform this task?
  
- E. What is the name of the person who used to perform this task?

If you have more than 3 new duties, please use another piece of paper and attach it to this sheet.

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Employee Signature

Date

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Name and title of your Supervisor

**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?

\_\_\_\_\_

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)