



St. Mary's College of Maryland
at Historic St. Mary's City

STAFF RECLASSIFICATION REQUEST

Date: _____

CURRENT POSITION: _____

DEPARTMENT: _____

SUPERVISOR: _____ ANNUAL SALARY: _____

INCUMBENT: _____
(if applicable)

REQUESTED POSITION: _____

DEPARTMENT: _____ EFFECTIVE DATE: _____

SUPERVISOR: _____ ANNUAL SALARY: _____

*Explain the reason for this request and describe how the duties of this position have changed.
(Position may be audited to determine if the duties and responsibilities meet the criteria of a level II position.)*

Attach a job description for the position described above. Be sure to highlight the specific **essential responsibilities** of the position.

SIGNATURES:

Preparer: _____ Date: _____

Supervisor: _____ Date: _____

Department Head: _____ Date: _____

Senior Administrator: _____ Date: _____

Human Resources: _____ Date: _____

Forward the completed form to the Office of Human Resources.