

### JOB CLASSIFICATION REVIEW – REQUEST FORM

Title of Current Position: \_\_\_\_\_ Title Change: Yes or No

Requested Title: \_\_\_\_\_

Check one: Professional \_\_\_\_ Paraprofessional \_\_\_\_ Auxiliary \_\_\_\_ Number of Days: \_\_\_\_\_

Pay Grade Change: Yes or No **If Yes**, Current Pay Grade: \_\_\_\_\_ Requested Pay Grade: \_\_\_\_\_

Midpoint of Current Pay Grade: \_\_\_\_\_ Midpoint of New Pay Grade: \_\_\_\_\_

Funding Source: General Operating Fund \_\_\_\_ Special Revenue Funds \_\_\_\_ Grant \_\_\_\_

If grant or special funds, indicate source of funding:

To whom will this position report? \_\_\_\_\_  
List and any other costs associated with the change. (Ex. Furniture, equipment, cell phone stipend, etc.)

Classroom/Office Space Currently Available: Yes \_\_\_\_ No \_\_\_\_ Location: \_\_\_\_\_

**Attach the following with the request:**

1. Attach a statement from the supervisor describing the justification for the request.
2. Attach the job description of the current position.
3. Attach the *proposed* the job description for the new position.

**Submit All Documents Electronically to the Chief Human Resources Officer.**

\_\_\_\_\_  
Printed Name/Signature of Requestor Date

\_\_\_\_\_  
Printed Name/Signature of Requestor’s Supervisor Date

\_\_\_\_\_  
Printed Name/Signature of Deputy Supt. and/or Chief Officer Date

APPROVED for Consideration by Superintendent’s Leadership Team: \_\_\_\_\_

APPROVED by Supt. Leadership Team to present to Board for approval: \_\_\_\_\_

DENIED by Leadership Team \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
Chief Human Resources Officer Date

*\*Job classification reviews are initiated and considered in February of each year. Please note that salary reclassification of positions requires Superintendent’s and/or Board approval.  
\*Review DC(LOCAL) Administrative Regulation*