

Streamlined Reclassification Form for Level 1 Career Banded Positions*



** This form is to be used for approved positions only. The streamlined process may be initiated by the employee or supervisor. All signatures (except employee, if initiated by supervisor) are required before submission. Please contact your Human Resources representative or the Bureau of Human Resources (605.773.3148) if you need assistance or have any questions.*

EMPLOYEE INFORMATION

Name: _____ Position Number: _____
Employee Number: _____ Current Classification: _____
Current Working Title: _____ Division/Program: _____
Supervisor's Name: _____

What is the requested classification? _____
(classification start date)

How long have you been in your current classification?

Provide your education/degree(s): _____ Does this meet the requirements of requested grade? YES NO

What additional certifications, training, and/or achievements do you have supporting this reclass?

**Attach any supporting documentation you feel will assist in this reclass request when you submit form to your supervisor.*

SIGNATURES

Employee's Signature _____ Signature Date _____

Supervisor's Signature _____ Signature Date _____

Manager/Director's Signature _____ Signature Date _____

Directions for submission - If available, please use Adobe Reader or similar approved PDF program to digitally sign this document. After signing, please save a copy to your computer and email it to the appropriate people for signatures before sending it to BHR.

