

**Streamlined Reclassification Form for Promotional Certification 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: Division/Program:  
Current Working Title: Supervisor's Name:  
Current Classification:

What is requested classification?

Has corresponding documentation been provided and attached? Yes No N/A  
How long have you been in your current classification? (classification start date)

Effective date of new classification:

Provide your education/degree(s): *if applicable* Does this meet the requirements of requested grade? YES NO N/A

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.