Florida Atlantic University
Department of Human Resources

REQUEST FOR RECLASSIFICATION
AMP and SP Positions

Before submitting this form, please complete all required sections and review instructions: *http://www.fau.edu/hr/ClassNComp/reclass.php*
Establishment Requests require a separate form: *http://www.fau.edu/hr/ClassNComp/EstablishmentRequest.doc*

Please attach a completed position description when submitting this form.
After routing the completed forms through the appropriate channels in your department/college, please return to Human Resources, Classification & Compensation, ADM 102C.

SECTION I

DEPARTMENT: _____ COLLEGE/DIVISION: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

EMAIL: _____ FAX NUMBER: _____

GRANT FUNDED POSITION (any portion or all): ☐ Yes ☐ No

SECTION II CURRENT POSITION DATA

POSITION NO.		☐ AMP	☐ SP
CLASS TITLE			
WORKING TITLE			
CLASS CODE			
PAY GRADE		FTE	

HOME (DEPARTMENT) ORG NO.		
FINANCIAL ORG: Labor Distribution	Index No	Percent
1		
2		
3		

CURRENT INCUMBENT DATA

EMPLOYEE NAME: _____

CURRENT ANNUAL SALARY: **$** _____

SECTION III PROPOSED POSITION DATA

POSITION NO.		☐ AMP	☐ SP
CLASS TITLE			
WORKING TITLE			
CLASS CODE			
PAY GRADE		FTE	

HOME (DEPARTMENT) ORG NO.		
FINANCIAL ORG: Labor Distribution	Index No	Percent
1		
2		
3		

PROPOSED INCUMBENT DATA

Proposed Annual Salary	**$**	% Increase	
Requested Effective Date			

Effective date must be a future date (NOT RETROACTIVE). Standard procedure is next available payroll begin date or later.

SECTION IV

SUMMARY OF CIRCUMSTANCES AND/OR JUSTIFICATION FOR THIS CLASSIFICATION ACTION **(Explanation of unique situations or justification for increases over 20% of the minimum of the pay range or greater than 15% above the current salary is required.)** Use reverse side or attach additional sheets if necessary.

SECTION V Requests will not be approved without appropriate signatures

SUPERVISOR ORIGINATING ACTION (PRINT NAME): _____

SUPERVISOR SIGNATURE: _____ DATE: _____

DEAN / DIRECTOR:

☐ Approve ☐ Disapprove _____ DATE: _____

DEPARTMENT OF SPONSORED RESEARCH (if applicable):

☐ Approve ☐ Disapprove _____ DATE: _____

PROVOST / VICE PRESIDENT / PRESIDENT:

☐ Approve ☐ Disapprove _____ DATE: _____

DEPARTMENT OF HUMAN RESOURCES:

☐ Approve ☐ Disapprove _____ DATE: _____