

**THE CITY UNIVERSITY OF NEW YORK**  
**STAFF REVIEW COMMITTEE - FORM**  
**FOR RECLASSIFICATIONS SUBMITTED BY A HIGHER EDUCATION OFFICER SERIES EMPLOYEE OR HIS/HER SUPERVISOR**

A request for reclassification may be initiated by the employee or supervisor. An employee or supervisor who wishes to submit a request for reclassification must use this form to submit the necessary document(s) to the **Office of Human Resources**.

College

Request for Reclassification from Employee

Request for Reclassification from Supervisor

Employee Name  CUNYfirst Empl. ID #

Current Payroll Title  Department

Current Functional Title

Proposed Payroll Title

Proposed Functional Title

Supervisor Name  Work Phone

Signature of VP or Dean

**Documents to be submitted to the Office of Human Resources:**

- Memorandum clearly outlining the reason(s), with substantive examples, for the reclassification, including but not limited to
  - a significant increase in the volume of work which has the effect of transforming the scope and complexity of the work
  - a reorganization of functions
  - other significant alteration in the duties previously assigned
  - excellence in service

Employee's current resume

Description of current duties and responsibilities

Job description at the time of appointment

Current organizational charts including employee names, payroll titles and functional titles

Performance Evaluation within the last twelve (12) months

Any other documents

List any other documents attached:

**COLLEGE STAFF REVIEW COMMITTEE ONLY**

**RECOMMENDATIONS**

Date of Meeting

Positive recommendation forwarded to President

Not recommended

Name of Chair of the College HEO Committee

Signature \_\_\_\_\_

Date

**PRESIDENT**

**RECOMMENDATIONS**

Positive recommendation to be forwarded to the College HR Director.

Not recommended

Name

Anthony Munroe

Signature \_\_\_\_\_

Date