



RECLASS SHORT FORM

To reclassify a position to another already established title.

The job description relating to the Current Position Title of:

_____ Labor Grade _____
is no longer appropriate to the duties and responsibilities of this position.

I hereby certify that the job description for:

_____ is appropriate to the duties, responsibilities, knowledge, skills, abilities and minimum qualifications required of the position as it exists in my organization today. Therefore, I respectfully submit this proposal, certify that no further classification study needs to be done and request that reclassification be approved.

Position Reclassified To: _____

Number of Positions (The position, one position, etc.): _____

Name(s) of any Affected Employees: _____

Hours, Labor Grade, ID# and Job Code (if known): _____

Account Number from which position is paid _____

Effective Date: _____

Location (Department, Division, Unit): _____

Signature of Department Head: _____ Date: _____

Certificate of the Civil Service Personnel Officer:

In accordance with the provisions of Civil Service Law, Section 22 the Commissioner of Personnel for the County of Tompkins hereby certifies that the appropriate civil service title for the position described is

Signature of Commissioner: _____ Date: _____

Action by Legislative Body or Approving Authority (Not required by County Departments)

Creation of described position

Approved

Disapproved

Signature of Approving Authority: _____ Date: _____