

HENRY FORD COLLEGE

REQUEST FOR RECLASSIFICATION – SSA

(Deadline: April 1st for May meeting and October 1st for November meeting)

Name _____ Date Submitted _____

Department _____ Location _____

Current Title/Classification _____

Requested Title/Classification _____

Seniority Date _____
Original Employment In Present Classification

Attach current job description.

List changes in job description and/or responsibilities. Attach any documentation which you feel is appropriate.

Supervisor's Evaluation:

Supervisor/Department Head _____
____ Approved _____ Denied Date _____

Reclassification Requested By _____
Check one: _____ Employee _____ SSA _____ Supervisor _____ Administrator

FOR RECLASSIFICATION COMMITTEE USE ONLY

Date Received _____ Approved _____ Denied _____

Human Resources _____