



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

JOB RECLASSIFICATION REQUEST FORM

Date: _____ Job Title: _____
 Employee Name: _____ Proposed Title: _____
 Current Title: _____
 Current Pay Grade: _____ Campus/Department: _____
 Supervisor's Name: _____
 Supervisor's Title: _____

Check appropriate area: New Job Job Reclassification Job Audit

For placement of a new job, please attach a copy of the job description and any other data pertinent for job classification. For job reclassification, indicate in which area(s) the job has realized significant change and the nature of the change(s). You may attach the revised job description, job questionnaire, or other supporting document.

AREA	COMMENTS
Job Tasks	_____
Knowledge/Experience	_____
Job Complexity	_____
Decision Making	_____
Job Responsibility	_____
Supervision	_____

COMPENSATION OFFICE USE

Date Received: _____ Action Taken: Request Accepted: _____
 Request Denied: _____
 Grade Placement: _____
 Effective Date: _____

By: _____
 Name: _____
 Title: _____ Date: _____