

**RECLASSIFICATION REQUEST FOR
RESEARCH ASSISTANTS/RESEARCH ASSOCIATES/ACADEMIC ASSISTANTS**

Reclassification requests will not be reviewed without:

1. Completed change in responsibilities below,
2. an organizational chart, and
3. a copy of the employee's current resume.

Once the form has been completed with the required signatures and requested documentation, please forward to Workforce Solutions at workforce@uconn.edu or email your HR Specialist.

Employee Name:

Department:

Supervisor:

Current Classification:

Requested Classification:

Current Full-Time Annual Salary:

Requested Full-Time Annual Salary:

Effective Date of Change:

Fund Source/KFS:

Describe how the employee meets the minimum education and experience for the next level and explain what job duties have changed and meet the description for the next level.

Approved Denied

Supervisor Signature:

Date:

Supervisor Printed Name:

Department Head Signature:

Date:

Department Head Printed Name:

Dean/AVP or Designee Signature:

Date:

Dean/AVP or Designee Printed Name:

HUMAN RESOURCES SECTION (HR Use Only)

Approved

Denied

Comments:

HR Specialist Signature:

Date: