

Office of Human Resources Management Bird Hall Princess Anne, Maryland 21853-1299 401-651-6400 www.umes.edu/hr

RECLASSIFICATION ACTION REQUEST FORM

| Department: |
|---|
| |
| Date of Request: |
| Date: |
| List a minimum of five (5) essential duties and |
| |

| Describe the major changes in duties and percentage of time spent performing those duties. Explain how these changes differ from the current assigned title per the USM Job Specification for the position. Provide a minimum of (5) major changes: (Changes must be substantial and significant per UMES MOU Article 10). | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| Minimum Qualifications: | | | | | |
| Are there any changes in the department or program that have resulted in the changes in duties? If so, please describe: | | | | | |
| | | | | | |
| Supervisory responsibilities: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Budget # | E | xpiration Date (If grant funded) | | | |
|--|------------|----------------------------------|------|--|--|
| Budget # Expiration Date (If grant funded) Vice President for Administration and Finance: | | | | | |
| | | | | | |
| SIGNATURES: | | | | | |
| Signature of Requestor | Typed Name | Current Title | Date | | |
| Signature of Incumbent | Typed Name | Current Title | Date | | |
| REVIEWED: | | | | | |
| Signature of Immediate Supervisor | Typed Name | Current Title | Date | | |
| Signature of Department Chair/Director | Typed Name | Current Title | Date | | |
| Signature of Dean (if applicable) | Typed Name | Current Title | Date | | |
| Signature of Vice President | Typed Name | Current Title | Date | | |
| Signature of President (if applicable) | Typed Name | Current Title | Date | | |