



UNIVERSITY OF MARYLAND  
EASTERN SHORE

## Office of Human Resources Management

1109 Bird Hall | Princess Anne, MD 21853 | (410) 651-6400

### Request for Review for a Reclassification

(for Exempt positions only)

<b>Employee Name (First &amp; Last)</b>		<b>Current Title:</b>	
<b>Department / Unit</b>		<b>Current Salary:</b>	
<b>New Title Requested:</b>	<b>New Salary Requested:</b>	<b>Difference in Funding Cost:</b>	
<b>Funding Source for New Salary:</b>		<b>Date of Request:</b>	
<b>Employee Signature:</b>			<b>Date:</b>
<b>Please describe current duties performed by the employee. List a minimum of five (5) essential duties and percentage of time spent performing those duties:</b>			
1.		% of time:	
2.		% of time:	
3.		% of time:	
4.		% of time:	
5.		% of time:	
<b>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: (<i>Changes must be substantial and significant per UMES MOU Article 10</i>).</b>			
1.		% of time:	
2.		% of time:	
3.		% of time:	
4.		% of time:	
5.		% of time:	



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**Minimum Qualifications:**

**Are there any changes in the department or program that have resulted in changes in duties? If so, please describe:**

**Justification (Please explain why the reclassification is being requested for HR Review):**

**Supervisory Responsibilities:**

**Funding Source / Budget Number:**

**Expiration date (if grant funded):**

**Vice President for Administration and Finance:**

**SIGNATURES:**

Signature of Requestor:		Date:
Name of Requestor (Typed):	Current Title:	
Signature of Incumbent:		Date:
Name of Incumbent (Typed):	Current Title:	

**REVIEWED:**

Signature of Immediate Supervisor:	Title:	Date:
Signature of Department Chair / Director	Please Identify Department :	Date
Signature of Dean (if applicable)	Please Identify School:	Date
Signature of Vice President	Please Identify Division:	Date:
Signature of President (if applicable)		Date



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