



Non-faculty Position Request for Reclassification and/or Promotion

Current Employee Information

| | |
|----------------------------------|--|
| Date: _____ | Department: _____ |
| Department contact person: _____ | |
| Phone number: _____ | Email address: _____ |
| Employee name: _____ | |
| Employee current title: _____ | |
| Employee pin: _____ | Employee current annual salary: _____ |
| Original hire date: _____ | Length of time in current title: _____ |
| Immediate supervisor name: _____ | |

Proposed Action

| | |
|--|-------------------------------|
| Proposed title: _____ | Proposed annual salary: _____ |
| <ul style="list-style-type: none">• How did you determine the proposed title and salary? • Describe the plan for funding and sustaining the proposed salary increase. • Does the unit have base funding available to cover and sustain the increase in future years? | |

Submit all documents electronically to cllabusiness@tamu.edu.

Non-faculty Position Request for Reclassification and/or Promotion – cont.

Justification for Action

Detail the business plan for the unit (you may attach a separate document)

- What are the new duties and responsibilities critical to the mission of the unit?
- Explain how the new duties evolved. For example, are these duties new to the department? Were the responsibilities previously performed by another employee? If so, who and why has this changed?
- If there are duties in the current position description that the employee will no longer handle, explain who (or what position in the unit) will be responsible for these duties or explain why these duties are no longer necessary.

Checklist for Supporting Documentation Required – (please attach all required documentation.)

- Current position description
- Current performance evaluation
- New position duties and percent of effort (attach separate document)
- Employee’s current resume
- Unit organizational chart
- Other relevant and/or supporting documentation

By signing below, I certify that the employee has not been subject to a disciplinary or corrective action in the previous 12 month period and that the answers to the preceding questions accurately reflect the content of the position.

Supervisor Signature: _____ Date: _____

Department Head/Unit Director Signature: _____ Date: _____

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