

CITY OF WINCHESTER

REQUEST FOR CLASSIFICATION ACTION

DEPARTMENT: _____ DATE OF REQUEST: _____

REQUEST MADE BY: _____

PERSONNEL ACTION REQUESTED: (Check one)

- Establish new position: _____(title)
- Reclassify existing position from: _____
- to: _____
- Delete position: _____(title)

JOB STATUS: (check all that apply)

- Classified
- Temporary/seasonal
- Full time
- Part time (number of hours worked per week): _____

JUSTIFICATION: (complete all)

- State the reason for classification action and the years to be budgeted: (attach additional documentation if needed)

- State the absolute minimum qualifications that an applicant should bring with him/her to satisfactorily perform this job.

- Sketch (or attach) an organizational chart that includes this position.
- Projected salary cost: _____ Projected benefit cost: _____

RETURN TO THE FINANCE DEPARTMENT BY THE DATE SPECIFIED IN THE BUDGET CALENDAR.