# 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 HUMAN RESOURCES DEPARTMENT***