

Preston County Schools
Request for Re-Classification of Service Personnel

Name _____ Date _____

Current Classification _____

Current work site location _____

Current Supervisor _____

What classification are you requesting _____

Justification for re-classification *(what tasks, responsibilities are different from your current classification)*

(additional space may be used on the backside of the page if necessary)

Signature of employee _____

Supervisor signature : _____ **Agree**
_____ **Disagree**

Comment: _____

(Supervisor's comments may continue on the backside of the page)

Received by _____ on _____ (date)

Date reviewed by committee _____ Time _____

Decision of committee: _____ **Approve** _____ **Denial**

Signature _____

Date referred to State for action: _____