

**BLOOMFIELD HILLS SCHOOLS
OFFICE PERSONNEL**

Request for Classification Review

Name _____ Date _____

Job Title _____

Job Building Location _____

Name of Supervisor _____

Current Classification I II III (Circle One) Requested Classification I II III (Circle One)

Please give specific reasons for the request. Check each item that applies and explain. Attach one (only) extra sheet if needed.

_____ Addition of Duties:

_____ Deletion of Duties:

_____ Change in Duties:

_____ Change in Department:

_____ Change in Supervisor

_____ Other reason(s)

FOR COMMITTEE USE ONLY:

Decision of Committee (check one):

_____ **Granted**

_____ **Denied**

Date of Decision: _____

Members of Committee:

1/15/98