



**The Department of Children, Youth & Their Families**  
**Request for Reclassification Review**

Division/Unit	Dept/Division/Section Number
Current Merit Classification & Working Title	BP Number
Requested Merit Classification	Current Incumbent
Division Point of Contact	Date of Request

**Please indicate the reason for the reclassification request that is being reviewed.**

- ☐ A significant and unforeseen program change due to federal or state legislation, an executive order or some other unusual circumstance which brings about a necessary reassignment or new duties/responsibilities
- ☐ A change in organizational structure/functions which, if approved, will result in significantly improved services/operations and/or substantial cost savings. Specific documentation of such expected results must be provided at the time of the request in order for it to be considered.
- ☐ A vacancy which, if filled in its current classification, will not allow the agency to carry out its objectives in an efficient and effective manner.

**Please attach a Word document if additional space is needed for the following:**

Explain the reason for this request.
What has caused a change in the position's duties?
Briefly summarize the primary role (as proposed) and its function within DSCYF.



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Please list the primary responsibilities of this position, in order of significance.

**Is this a supervisory position?**

☐

Yes

☐

No

If yes, please detail the BP, classification, and pay grade of direct reports for this position.

**Does this position manage a budget, grants, or contracts?**

☐

Yes

☐

No

If yes, please detail the associated dollar amount and the position's specific responsibility for each.

**If this is filled position, does the employee meet the job requirements of the proposed classification?**

☐

Yes

☐

No



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### Required Attachments:

- ☐ A current and proposed organizational chart that includes names of employees, budgeted position numbers, classifications, and pay grades.
  - ☐ Filled position only: A copy of the employee's resume.
  - ☐ Filled position only: A written statement of agreement from employee for reclassification (an email to division director is acceptable).
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### List of Approvals:

Approved for further review:

☐ Yes ☐ No

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**Division Director (Print)**

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**Signature**

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**Date**

Approved for further review:

☐ Yes ☐ No

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**Deputy Cabinet Secretary  
(Print)**

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**Signature**

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**Date**

Approved for further review:

☐ Yes ☐ No

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**Human Resources Business  
Partner (Print)**

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**Signature**

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**Date**