



# Position Reclassification Form

## POSITION INFORMATION

Campus	Position No.	
Current Position Title	Classification	
Proposed Position Title	Classification	
Reason for reclassification of position (please attach any relevant support documentation eg: Position Description)		
FTE%	Budget and Staff Establishment amended	Effective Date
	YES      NO	

## ROSTERED HOURS

	F	S	S	M	T	W	T
<b>WK 1</b>							
<b>WK 2</b>							
<b>WK 3</b>							
<b>WK 4</b>							

## COST CODES

FUND	T108	T108	T108	T108	T108	T108	T108	T108	T108	T108	T108	T108	T108	T108
ORG														
PROG														
%														

## POSITION OCCUPANT INFORMATION

First Name	Surname
Staff No.	Mobile Phone No.
Signature	Date

### AREA MANAGER AUTHORISATION (Level 4 & below)

AM Name	
Signature	Date

### GENERAL MANAGER AUTHORISATION

GM Name	
Signature	Date