

REQUESTED ACTION: _____ Effective Date _____
 Title Change
 Structural Reclassification*
 (Justification Required)
 Transfer/Reassignment
 Status Change
 Performance -Based Promotion*
 Salary Adjustment*

Current
 Position # _____ Range, Step/Band _____ Salary _____

Local Title _____

Generic/State Title _____ () 10 Month () 12 Month

Proposed
 Position # _____ Range, Step/Band _____ Salary _____

Local Title _____

Generic/State Title _____ () 10 Month () 12 Month

Justification

BOARD OF TRUSTEES MEETING DATE: _____