

The Maryland-National Capital Park and Planning Commission
Request for Reclassification – Form 48

Employee Name:
Department, Division, Section:
Current Classification Title:
Grade:
Requested Title:
Grade:

1. Has your position ever been evaluated for possible reclassification? If yes, who requested the evaluation and when?
2. What duties and responsibilities have changed, or what significantly different duties have been assigned to your position?
3. What licenses do you have that are required for this position?
4. Have the technology, tools, or materials used in carrying out your duties changed? Describe.
5. Have organizational changes affected your job or work program? Describe.
6. Provide examples of present duties and responsibilities which show changes from previous assignments. (Attach additional sheets as needed.)
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.

Signature: _____ Date: _____

SIGNATURE INDICATES INFORMATION CONTAINED ON THE ENTIRE FORM AND ANY ATTACHMENTS IS VALID AND CORRECT.

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(This section is to be completed by supervisors and designated authorities)

Supervisor's response to employee's assessment (attach additional sheets as necessary):

Agree

Disagree

A. Please provide information **in support** of employee's responses on previous page.

B. Please provide reasons for **disagreement** with information provided by employee.

Concur with request for review by
Human Resources Division

Signed: _____
Supervisor

_____ Date

Yes

No

Printed: _____
Supervisor

Signed: _____
Division Chief/Delegated Authority

_____ Date

Yes

No

Printed: _____
Division Chief/Delegated Authority

Signed: _____
Department Head

_____ Date

Yes

No