

REQUEST FOR REORGANIZATION

In an effort to facilitate the requests for reorganizations, please complete all sections of this form, including signatures of appropriate administrators and required attachments.

SITE _____ **DEPARTMENT** _____

PROPOSAL

COST ANALYSIS

Positions to be eliminated (Fiscal Savings)

Positions to be added (Fiscal Impact)

TOTAL FISCAL INCREASE \$ _____ **TOTAL FISCAL SAVINGS \$** _____

ADDITIONAL EXPLANATION OF NEED

APPROVAL PATH (All Signatures Required)

Dept Supervisor Signature/Date

Dept Administrator Signature/Date

Fiscal Dept Signature/Date

Campus Personnel Dept/ Date

President Signature/Date

Vice Chancellor, Human Resources/Date

BUDGET INFORMATION

Funding Source: ☐ General ☐ Categorical/Special ☐ Ancillary ☐ Partnership
☐ Other _____

ATTACHMENTS (Required)

☐ Current and Proposed Department Organization Chart

☐ Current and Proposed Job Descriptions

☐ PAF (If applicable)

REVIEWED BY VICE CHANCELLOR FOR HUMAN RESOURCES

Date _____

Approved

Denied

REVIEWED BY DISTRICT RECLASSIFICATION COMMITTEE (If Applicable)

Date _____ Comments _____

Board Approval Date _____