

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 _____