

**Federal Way Public Schools
FWESP Classified Personnel
REQUEST FOR RECLASSIFICATION FORM**

Name _____

Current Position (Title) _____

Work Site or School _____

Phone _____

Length of time in current position _____

Date of last reclassification request _____

Current FWESP classification level _____

Would you like to give a brief oral presentation to the reclassification committee?

Yes _____ No _____

If you choose to appear before the committee, you may elect to bring a maximum of two additional people with you for support or to provide brief testimony related to the job.

Name _____ Position _____

Name _____ Position _____

Immediate Supervisor Name _____

Phone _____

Best days and times for the committee to visit your worksite _____

I certify that all of the statements and material submitted in support of my reclassification request are a true and accurate reflection of my current duties and responsibilities.

Signature _____

Date _____

Please submit all application materials to the Human Resources office at ESC during the open application period., but not later than 5 p.m. on January 31. Application received after 5 p.m. on January 31 will not be considered by the reclassification committee in the current year and will have to be re-submitted during the next year's open application period.