

REALLOCATION REQUEST

LAST NAME:	FIRST NAME:
CURRENT CLASSIFICATION TITLE:	PCN:
DEPARTMENT AND WORKING LOCATION:	EMPLOYEE WORK PHONE:
SUPERVISOR'S NAME & PHONE NUMBER:	EMPLOYEE E-MAIL ADDRESS

REASON FOR REQUEST

TASK INFORMATION: (NOTE: Please do **NOT** attach any additional lists, continuation sheets or other materials).

- * List six (6) key tasks (in order of importance) that you perform in your current position. Indicate the **overall percentage** of time spent on each task. Consider your **main tasks** and how **often** you perform them.

KEY TASKS *		PERCENTAGE OF TIME	
1.			%
2.			%
3.			%
4.			%
5.			%
6.			%

RETURN TO: Human Resources Department, 150 W. Congress, 4th Floor, ATTN: Classification Team

(revised 09-09)

