

## **EMPLOYEE REQUEST FOR RECLASSIFICATION**

Complete all sections on both pages. Be sure to sig <a href="mailto:classunit@nycourts.gov">classunit@nycourts.gov</a>	n and date the form on page 2. Email signed form to:
Last Name	First Name M.I.
District/Court or Agency	Supervisor's Name
Work Address	Part, Unit, Office
Current Title	Grade
Requested Title	

Description of Duties: Provide sufficient detail to give a complete description of your job. Be sure to list:

- WHAT duties you perform (e.g., examining court documents such as motions, orders, petitions, applications, etc.).
- HOW the duties are performed (e.g., who you communicate with, what systems are used).
- FOR WHAT PURPOSE are the duties performed (e.g., to ensure accuracy, completeness, and legal sufficiency in accordance with applicable rules and statutes).
- PERCENTAGE of time devoted to each duty. The total percentage must equal 100%.

Attach additional sheets if necessary.

What	How	Purpose	Percent
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VAIIbad	Library	Durage		Percent			
What	How	Purpose		Percent			
		TOTAL (must e	aual 100%):	0			
		TOTAL (must e	equal 100%).	A			
If you supervise employees, indicate	- * * * * * * * * * * * * * * * * * * *						
Name	<u>Title of Position</u>						
			☐ Direct ☐	☐ Indirect			
×			☐ Direct □	■ Indirect			
			☐ Direct □	☐ Indirect			
			☐ Direct □	■ Indirect			
			☐ Direct □	☐ Indirect			
Explain why the title requested is more appropriate than your current title:							
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requires appointments to be made	ef Judge, where there is an eligible de from the eligible list.	e list for the position, S	Section 25.20	λ(a)(1)			
I affirm that the information supp	olied in this request is correct and c	complete to the best o	f my knowled	dge.			
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		<u></u>					
Employee Signature		Date					