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| **PRIORITY:** | | VACANCY | | | | | | | | | |  | URGENT | | | Must Provide Reason Below | | | | | | | | NORMAL | |  | | | | LOW | | | | (e.g. Rule .02) | |
| Reason for Urgency (must be completed): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEPARTMENT: | | | |  | | | | | | | | | | | | | | | | APPROPRIATION CODE (Not RSTARS): | | | | | | | | | | | | |  | | |
| PIN |  | | | | | | | |  | | | | | INCUMBENT: | | | |  | | | | | | | | | | | | | | | | | |
| CURRENT CLASS: | | | | | | |  | | | | | | | | | | | | | | | | CLASS CODE: | | | | |  | | | | GRADE: | | |  |
| REQUESTED CLASS: | | | | | | | |  | | | | | | | | | | | | | | | CLASS CODE: | | | | |  | | | | GRADE: | | |  |
|  | | | | | To Be Determined (TBD): | | | | | | | | | | | - **Must Certify Funding for One Grade Increase** | | | | | | | | | | | | |  | |  |  | | |  |
|  |  | | | | | | | | | |  | | |  | | |  | | | | | |  | | | | |  | | | |  | | |  |
| **REQUIRED INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How Has The Position Changed Since Placed In The Current Class: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency Unique Job:** | | | | | | Duties Assigned To This PIN Are Unique To Agency And Not Found In Other Departments and Agencies:  YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, Please Identify One Other PIN That Agency Deems Comparable In Relative Rank/Value Within The Organization and Provide MS 22 Form For That Position (if no comparable at requested grade level provide Closest in Rank PIN and MS 22 - one grade lower or higher agency unique job): **PIN of Comparable/Closest in Rank:       MS-22 of Comparable/Closest In Rank PIN Attached**:  YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Statewide Job Function:** | | | | | | | | | | Duties Assigned To This PIN Are Assigned to Positions In Other Departments or Agencies:  YES | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check List of Requirements | | | MS 22 Signed (Must Be Signed By Appointing Authority) | | | | | | | | | | | | | | | | | | | MS 44 Completed By and Signed By Supervisor | | | | | | | | | | | | | |
|  | | | MS 22 Identifies By PIN and Full Name, All of This PIN’s | | | | | | | | | | | | | | | | | | | Optional – Organizational Chart | | | | | | | | | | | | | |
|  | | | Direct Report Subordinates (Part III) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Agency Certifies Funding Available For Reclass:  YES Cost For Current Fiscal Year:       Cost For Next Fiscal Year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agency Certifies The Employee Meets The Minimum Qualifications of The Requested Classification?  YES  Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In accordance with COMAR 17.04.02.07 (a), the effective date may not be earlier than one year before the date reclassification is authorized. | | | | | | | | | | | | | | | | | | | | | **Requested Effective Date:** | | | | | | | | | | |  | | | |
| Incumbent Work Phone: | | | | | | | | |  | | | | | | Best time to call: | | | |  | | | | | Email: |  | | | | | | | | | | |
| AUTHORIZED AGENCY HR DIRECTOR/OFFICER SIGNATURE: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | Phone: | | | | | | | | |  | | | DATE: | | | | |  | | | |