|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |       |