**State of Maine**

**Management Proposed Reclassification/Reorganization Justification Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | | |  | | | | | |
| Department Name & Company Number: | | |  | | | | | |
| Bureau/Division Name: | | |  | | | | | |
| Current Job Class Code and Title: | | |  | | | | | |
| Proposed Job Class Code and Title: | | |  | | | | | |
| Employee’s Name: | | |  | | | | | |
| Position Number | | Current Range | | Proposed Range | | % General Fund | | % Other Funds |
|  | |  | |  | |  | |  |
| Explanation of need for the reorganization/reclassification. What is changing and why? | | | | | | | | |
|  | | | | | | | | |
| Bureau / Agency Head Approval | | | | Commissioner’s Office Review | | | | |
| Name: |  | | | Approved |  | | Signature: | |
| Signature: |  | | | Denied |  | |
| Date: |  | | | Date: |  | |