**State of Maine**

**Management Proposed Reclassification/Reorganization Justification Form**

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| --- | --- |
| 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: |  |