



**COOK COUNTY BUREAU OF HUMAN RESOURCES  
RECLASSIFICATION REQUEST FORM**

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Reclassification of the following position(s) is requested:

<b>Position/Grade</b>	<b>Incumbent</b>

Describe in detail the basis of the request for Reclassification:  
(Identify the Position title and grade Positions should be reclassified to if known.)

Additional information in support of this request:

**Required Attachments:**

- Attach a copy of all documents requested in the Reclassification Procedure noted in Policy 2013-2.1-Reclassification of Positions.
- Current and proposed organizational chart must be provided.

**DEPARTMENT HEAD CERTIFICATION**

I hereby certify that this request for Reclassification is in compliance with the Reclassification Policy, the Personnel Rules and Employment Plan.

With respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under Shakman, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment of hiring upon or because of any political reason or factor or knowingly inducing, aiding abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above Reclassification Request. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

*FOR BUREAU OF HUMAN RESOURCES USE ONLY*

**BHR DETERMINATION**

Disposition of Request: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Chief of BHR: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition of Request: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Compliance Officer: \_\_\_\_\_ Date: \_\_\_\_\_

(In the event of disagreement, the Compliance Officer's decision will govern.)

**BHR CHIEF CERTIFICATION**

With respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under Shakman, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment or hiring upon or because of any political reason or factor or knowing inducing, aiding, abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above Reclassification Request or the employment or hiring process. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_