



**CLASSIFICATION AND
COMPENSATION DIVISION**

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
Alfred E. Smith State Office Bldg.
Albany, NY 12239

**EMPLOYEE-APPLICATION FOR
CHANGE IN TITLE OR SALARY**

CC-2E (3/09)

This form is used for requesting changes in present job titles, salary grades, or both. Follow instructions carefully and answer all questions.
IMPROPERLY PREPARED FORMS WILL BE RETURNED FOR REVISION. Attach additional sheets as needed.
Submit **ORIGINAL AND ONE COPY** to the address above.

1. Last Name		First Name	Initial	2. Incumbent <input type="checkbox"/> Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary		3. Item Number
4. Department/Agency/Institution				5. Division/Bureau		
6. Section/Unit				7. Work Address (Include Building and Room)		
8. Present Title and Salary Grade					Jurisdictional Class <input type="checkbox"/> Comp <input type="checkbox"/> Non-Comp <input type="checkbox"/> Exempt <input type="checkbox"/> Labor	
9. Requested Title and/or Salary Grade						
10. Name and official title and grade of your immediate supervisor						
11. Supervision over others. Give the following information about each position over which you exercise direct supervision. Attach additional sheets if needed. If available, attach an organization chart showing the position(s) in relation to other positions and units.						
Position Title and Grade		Item No.	Name of Incumbent		Section/Unit	
_____		_____	_____		_____	
_____		_____	_____		_____	
_____		_____	_____		_____	
_____		_____	_____		_____	
_____		_____	_____		_____	
12. If this is a request by a group of employees, name the individual who will represent the group in contacts with the Division.						
Name		Title	Department		Address	
13. Home Mailing Address						

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information you provide on this application is being requested in accordance with sections 118(2)(b) and 120 of the Civil Service law for the principal purpose of evaluating your request for a change in title or salary. The information will be used in accordance with section 96(1) of the Personal Privacy Protection law, particularly subdivision (b), (e) and (f). Failure to provide the information requested may result in the disapproval of your application. This information will be maintained by the Director, Classification and Compensation Division, New York State Department of Civil Service, Alfred E. Smith State Office Bldg., Albany, NY 12239. For information concerning the Personal Privacy Protection Law, call (518) 457-9375. If you have questions concerning this form, call the Classification and Compensation Division at (518) 474-1011.

14. Description of duties:

Describe your work fully in your own words. Give sufficient detail so that there will be a clear picture of your duties. Use a separate paragraph for each kind of work and describe the most important or time-consuming duties first. In the left column, estimate how the total working time is divided. Attach additional sheets as needed.

Percent of Total Time	
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15. How long have the duties been substantially as stated in question 14? _____ years _____ months.

16. Give specific reasons for believing that the requested title and/or salary grade is more appropriate and list other specific positions or titles with which your position should be compared. Attach additional sheets as needed.

17. If the title you request is in the competitive class, you will not automatically acquire permanent status in that title, if your request is granted. The reclassified position will be filled from an existing appropriate eligible list and if no such list is in existence, a new examination will be held to establish one for filling it. The fact that you are on a Civil Service list does not automatically give you that title unless you are reachable on the list, and the department head is willing to make the appointment when the change in title takes place.

If you are on an eligible list, please give details. Information should include the title, examination number, if known, and the date the examination was held. If necessary, please attach additional sheets.

18. I certify that the information supplied in this request is correct and complete to the best of my knowledge.

If this is a request for change in title, I also certify that I understand the information in item 17 and am willing to compete in an examination for the reclassified title if my request is granted.

DATE:

SIGNATURE: