**Interdepartmental Memorandum**

DATE

To: Human Resources Director

From: Department Director Name

Subject: New Position Classification/Position Reclassification Request

Instructions:

Summarize a high-level overview of the request.

Every request must have the following documentation, as applicable:

* Classification and Reclassification Request Form
* Budget analysis and confirmation from Finance Director or designee that the request either does or does not have Budget Impact, as outlined in the Policy.
	+ ***Budget Impact:*** *If due to adding a classification or reclassifying a position, there is an increase to the department’s approved full time equivalent (FTE) position count and/or to the department’s budget, it is considered a budget impact and needs City Council review and approval to proceed. If there is no increase to the department’s approved FTE position count and/or the department’s budget, the request does not need City Council approval.*