Sutter County Superintendent of Schools
CSEA Chapter #634

Appendix C-5

TO BE COMPLETED BY RECLASSIFICATION COMMITTEE

☐RECLASSIFICATION REQUEST DENIED:

☐REQUEST APPROVED

CLASSIFICATION: ☐ NEW_____ ☐ EXISTING_____
TITLE TITLE

EXPLANATION OF RECOMMENDATION_____

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Signature of Reclassification Committee/CSEA **Date**

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Signature of Reclassification Committee/SCSOS **Date**