

The City University of New York



Reclassification Action Reporting Form
Labor Management Committee
for
Higher Education Officer Series Titles

College _____

Meeting Date _____

Attendees (please print name and title)

For College:

For the PSC:

Name

Name

Title

Title

Name

Name

Title

Title

Record of Actions Taken:

Employee's Name

Title

No recommendation

Recommendation given to the President

Comments: _____

(over)

Employee's Name

Title

No recommendation

Recommendation given to the President

Comments: _____

Employee's Name

Title

No recommendation

Recommendation given to the President

Comments: _____

Employee's Name

Title

No recommendation

Recommendation given to the President

Comments: _____

Initials of Committee Members

CUNY

CUNY

PSC

PSC

Please forward the original of this report to the President of the College and a copy to the President of the Professional Staff Congress/CUNY.