



Department of Transformation and Shared Services
 Office of Personnel Management
 Position Crossgrade / Downgrade Request

Business Area	Agency Name	Effective Date of Crossgrade
<input type="text"/>	<input type="text"/>	<input type="text"/>

Legislative Authorized Classification	Class Code	Pay Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>

Requested Classification	Class Code	Pay Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position No./Line Item No.

Justification

Approved <input type="checkbox"/>	Agency Approving Authority	Date Approved
Denied <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Approved <input type="checkbox"/>	OPM Approving Authority	Date Approved
Denied <input type="checkbox"/>	<input type="text"/>	<input type="text"/>