

**REQUEST FOR POSITION REASSESSMENT**

**POSITION INFORMATION (REQUIRED)**

**Date:** \_\_\_\_\_

**School/Division/Department Name:** \_\_\_\_\_

**Current department title (generic):** \_\_\_\_\_

**Incumbent's Name:** \_\_\_\_\_ **Incumbent's I.D. Number:** \_\_\_\_\_

**Amount of time the incumbent has been performing the current duties (years/months):** \_\_\_\_\_

**ATTACH THE FOLLOWING DOCUMENTS TO THE REQUEST FORM (REQUIRED):**

- a. rationale for reassessment (e.g., position duties that have been added, deleted or expanded);
- b. position questionnaire;
- c. organizational chart;
- d. current job description on file with employee's signature; and
- e. proposed job description (Optional-Attach job description identified as best match. Include essential, marginal and percentage designations.) An addendum is optional.

**COMPARABLE POSITIONS: (OPTIONAL):**

If you are aware of someone within your department or elsewhere in the university that appears to be Performing similar work, please indicate only the following: employee name and department.

**INITIATED BY (signatures):**

**Supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SCHOOL/DIVISION REVIEW AND RECOMMENDATION (See Staffing and Classification Procedures for signature):**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADDITIONAL DEPARTMENT REVIEWER AND SIGNATURE OF SUPPORT (Optional):**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department HR Representative** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONTACT PERSON (REQUIRED):**

The Compensation Office may need to contact the person most knowledgeable regarding this request. Please provide the contact information for that person below:

**Name:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_