

POSITION CLASSIFICATION REVIEW REQUEST FORM

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|--|--|---------------------------------------|--|
| POSITION TITLE: | | | |
| FACULTY/OFFICE: | | DEPT: | |
| CURRENT OCCUPANT'S NAME / VACANT: | | | |
| CURRENT CLASSIFICATION LEVEL: | | PROPOSED CLASSIFICATION LEVEL: | |
| SUBMITTED BY: (Supervisor/staff member's name and title) | | DATE: | |

Please indicate your reason for submitting the position description by ticking one of the boxes below:

- A new position
- Recruiting for a position (if not evaluated within last three years)
- The position has changed in a **significant** way (i.e. job content and complexity). Please include a summary of the changes with this form.
- Organisational change is planned

Approvals:

| Position | Name | Signature | Date |
|---------------------------|------|-----------|------|
| Supervisor | | | |
| Exec Dean/ Head of Office | | | |

HR Use Only:

Evaluation Date _____

Agreed Classification Level _____

Comments _____
