

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 _____

