Request for Position Review

This form is used to initiate action to request a review for a new or current position. Human Resources Compensation will review this request and make a recommendation via form HR-35 to the approving office. Please submit all requests for review to the division Human Resource Liaison. If submitting for a new position, complete the supervisor and department fields as well as the proposed new title/grade field.

Request for Reclassification Request i	or New Position		
Submitted by: (Please type or print) Supervisor's Name/Title:	/		
Supervisor's Position Number:			
Dept Name/Telephone:			
Position Information: Current Position Title/Job Grade:			
Current Position Number/Location ID # :	/		
Current Salary/FOAP Account Number(s):_	/		
Employee Name/ID #:	1		
Proposed New Title/Grade:			
are available to cover any incresource of Funding: Human Resource Liaison Comments	ased costs for current and future yea		
		/	D. /
Degreeted by:	Human Resource Liaison	/	Date
Requested by:	Supervisor	/	Date
Reviewed and Forwarded by:	Department Head/Dean	,	Date
Approved for Personnel Action: () Analyze and make recommendation () Process for change as indicated above	CIO (For IT Positions Only)		Date
	VP/Provost	/	Date

HR - 34 Request for Review

Revised: 6/22

To be competed by the supervisor:

1.	I attest that the information and	supporting documents	submitted with this request is valid and ac	curate.
		11 0	1	

Yes No

2. I have reviewed current classifications and have recommended the best fit job description or have provided job duties for creation of a new job.

Yes No

3. I have validated that the employee will meet the minimum requirements of the requested job classification.

Yes No

Please provide any additional details regarding the business need that prompted the request. Other supporting documents that are helpful to submit with the request are organizational charts or approved business plans.