



**CLASSIFICATION REVIEW REQUEST FORM**

Employee Name:

Current Classification:

Department:

---

**PART I** (To be completed by Employee or Director/Department Chair)

A. Attach a copy of employee's most recent job description.

B. Describe the new responsibilities that have been added (or proposed) to the employee's position.

1)

2)

3)

4)

5)

C. Explain how these duties have changed the position.

D. **If completed by Employee:** Sign & forward to your Director/Department Chair or Human Resources.

---

Employee Signature

---

Date

---

**PART II** (To be completed by Director/Department Chair)

**Director/Department Chair:** Explain why it is necessary to assign these duties to the position (ex. department reorganization, new technology, new responsibilities assigned to the department, etc.)

1)

2)

3)

4)

5)

\_\_\_\_\_ The new duties as described are accurate and I approve this request for review. I am forwarding this request to the Vice President.

\_\_\_\_\_ The new duties as described are not an accurate reflection of the employee's duties and I do not approve this request for review. I am forwarding this request to the Vice President.

\_\_\_\_\_  
Director/Department Chair Signature

\_\_\_\_\_  
Date

**PART III** (To be completed by the Vice President)

\_\_\_\_\_ I approve this request for review.

\_\_\_\_\_ I do not approve this request and am returning it to the Director/Department Chair with a copy to the Human Resources Department.

Additional Comments:

\_\_\_\_\_  
Vice President's Signature

\_\_\_\_\_  
Date

**Please forward completed form to the Director of Human Resources.**