

This form is to be used for all job review requests which will be conducted in accordance with the Department of Compensation's policies and guidelines.

Date: _____ Submitted by: _____

Please submit this form to Compensation with the following items:

1. An updated [Job Description](#) form
2. Previous job description (regrade/reclassifications requests only)
3. Current organizational chart

Type of Request

New Position
 Regrade of an Occupied Position
 Reclassification of a Vacant Position

This position is part of a department reorganization: Yes No

<u>Current</u>	<u>Proposed Recommended Outcome (if known)</u>
Title:	Title:
Incumbent Name: (if any)	Salary Increase:
Grade:	Candidate Identified (name):
FTE Salary:	Effective Date:
Supervisor Name:	Has funding been approved Yes No N/A by Dean/Vice Chancellor or designee?
Department:	If CFU, will you need to Yes No N/A request additional funds?
CFU/School:	All CFU requests for added positions or non-July 1 salary increases will require completion of the Personnel Review Justification Form (available from Compensation)

In the space below, briefly state the general reason for the review. If new duties, explain how the position has changed. List any comparable positions you are aware of. Please use additional paper if needed.

Signatures/Approval (signatures denote approval/endorsement of the job review)

Position's Supervisor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

(Copy of correspondence or email from Department Head authorizing review or copy of notification/email to Department Head advising of review will suffice for signature.)