

**Request for Position Review - General**

# Employee Information

Employee Name: type employee name here Date of Request: enter date here

Employee Banner ID: type employee Banner ID here

Job Title: type employee job title here Position Number: type number here

Current Classification: type current classification here

How has your job changed? Identify specific elements that impact authority, expertise, skill, experience, scope or other factors of the job. type your response here

Employee Signature: type employee signature here Date: type date signed here

**Supervisor Response**

Please respond with comments about this request: type comments here.

Supervisor Signature: type signature here Date: type date signed here

**Dean/Executive Director/Senior Vice-President Response**

Please respond with comments about this request: type comments here.

Executive Signature: type signature here Date: type date signed here

# Human Resources Review:

Based upon review, the following decisions are approved:

[ ] No reclassification or change in compensation.

[ ] Temporary adjustment of compensation (short-term changes only) in the amount of type amount here beginning on the date select date here and ending on the date select date here.

[ ] Restructure position as follows: type restructure description here.

[ ] Reclassify position as follows: New band- type new band here. New level- type new level here. New step- type new step here.

A copy of the written explanation for this decision as well as all documents submitted in connection with this request, is attached.

HR Executive Director Signature: type signature here Date: type date signed here

# Distribution of Decision:

Decision must be copied to Employee, Supervisor, Dean/Executive Director, Senior Vice-President, HR, Budget, Payroll.