

**Request for Classification Review**

<b>Department:</b>		<b>Division:</b>	
<b>Present Classification:</b>		<b>Position Number:</b>	
<b>Proposed Classification:</b>			
<input type="checkbox"/> <b>New Position</b>	<input type="checkbox"/> <b>Current Position -- Incumbent:</b>		
<input type="checkbox"/> <b>Vacant Existing Position</b>	<input type="checkbox"/> <b>Previous Incumbent:</b>		

**Justification for Classification Review:**

**Note:** This form is to be completed for all classification review requests. If vacant, the supervisor will complete the form. If an employee is requesting the review, the employee must complete and sign this form. The supervisor's signature indicates only review, **not approval**. Attach a current job description and any supplements. Supervisor's comments may be attached or verbally transmitted to the classifier.

**Review requested by: (Please check one of the following)**

<input type="checkbox"/> <b>Management</b>	<input type="checkbox"/> <b>Human Resources:</b>
<input type="checkbox"/> <b>Employee</b>	<input type="checkbox"/> <b>Employee's Signature:</b>

**Route this request to those whose positions are checked. When all approvals have been completed, send form to Human Resources.**

<input checked="" type="checkbox"/> <b>Name and Title:</b>	<b>Date</b>	<b>Remarks/Comments:</b>
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*This is to certify that, if this request is approved, I have identified a permanent funding source for the increase*

	<b>Immediate Supervisor</b>		
	<b>Department Chair/Head</b>		
	<b>College Dean</b>		
	<b>Vice President</b>		
	<b>Provost</b>		
	<b>Human Resources</b>		