

Request for Classification Review

Employee Name:		Department:	
Division:			
Present Classification:			
Proposed Classification:			
<p>Note: This form is to be completed for all classification review requests. If an employee is requesting the review, the employee must complete and sign this form. The MPP's signature indicates only review, not approval. Attach a current job description and any supplements. MPP's comments may be attached or verbally transmitted to the classifier.</p>			
Justification for Classification Review:			
Review requested by: (Please select one of the following)			
Employee signature (if employee initiated):			
Please refer to the Required Signatures document to ensure this request has been reviewed and authorized by the appropriate personnel.			
This is to certify that I have received this request.			
Signature		Date	
Signature		Date	
First Level MPP		Second Level MPP	
	Date		Date
Chief of Staff		Divisional Budget Officer	
	Date		Date
Department Chair		Associate Dean	
	Date		Date
College Dean		Associate Provost	
	Date		Date
Provost		Associate Vice President	
	Date		Date
Vice President		Human Resources Manager	
	Date		Date
Approved Classification		Effective Date	