

# Request for Classification Review

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