

REQUEST FOR JOB REVIEW

- 1) Job responsibilities should be reviewed annually by the employee and manager at the time of Employee Performance Appraisal.
- 2) Changes in job assignments do occur. If such changes in duties are of a nature and scope which cause the position to be classified improperly, some corrective action, i.e. a modification of assigned duties or reclassification review should be taken.
- 3) The request for a review can be submitted by the employee, the manager, or the department chair. Employees shall not submit such a subsequent request prior to 18-months after completion of a previous classification review (Unit 2,5,7, 9, Article 9.26). Once requested, the review must be completed within 180 days from the date received by Employment Services.
- 4) A review of the position will be conducted by Employment Services.
- 5) The appropriate supervising manager will be consulted by Employment Services before a final decision is made.
- 6) Complete this form and return it, with the following forms, to Joyal Administration Building, Room 164, or Mail Stop JA-71. All appropriate signatures must be affixed to avoid unnecessary delays:
 - Position Description (prepared by the manager)
 - Job Description (prepared by the employee)

<i>This section to be completed by the Employee</i>	
Employee signature _____	Date: _____
Date submitted to Manager or Department Chair: _____	
<i>This section to be completed by the Manager or Department Chair</i>	
<input type="checkbox"/> Agree with Job Description	
<input type="checkbox"/> Disagree with Job Description (see attached comments)	
_____ <i>Signature</i>	_____ <i>date</i>
<i>To be completed by Employment Services</i>	
Date received by Employment Services: _____	
To be completed by: _____	

Name (Last, First, Initial) School or Department Phone Extension

Current Classification of Position Working Title (If applicable)

Changes in Job Duties Which Have Occurred: