

CLASSIFICATION REQUEST

An updated Position Description and Organization Chart should accompany this request

CURRENT POSITION INFORMATION			Date of Request:	
Position Number	Incumbent	Personnel Number	Campus	
Job Title	Department		Cost Center	
Supervisor's Name	Supervisor's Position Number	Phone	Email	
Department Contact	Phone	Email		

REASON FOR EVALUATION

JUSTIFICATION FOR THE ACTION
Proposed Job Title
Proposed Working Title
Provide a brief summary of the reason for this request. If this request involves the assignment of new duties or re-delegation/removal of current duties, include the position information for the other position(s) affected by the change. Affected position descriptions should also be updated and reviewed.

PEER POSITIONS		
Position Number	Title	Department