

CLASSIFICATION REVIEW FORM

PART I – To be completed by Originator

Position working title:

Department:

Employee in this position:

Current Classification:

Proposed Classification:

I currently do not find an existing classification in place.

I am requesting Classification review of an existing position

Classification of a new position

The core duties of this position have changed, as follows, since the previous Job Description Questionnaire was prepared and submitted to Human Resources for review (omit for new position.)

I have attached the following required materials:

New Classified Job Description Questionnaire

Current departmental organization chart showing this position

Signature of Originator: _____

Date: _____

PART II – to be completed by the Department Manager/Division Dean

Please explain any inaccuracies or incomplete items in the Originator's statement, particularly in regard to duties and responsibilities. (This statement is NOT required if the Manager/Dean is the Originator.)

Manager's/Dean's signature: _____

Date: _____

PART III– To be completed by Executive Dean/Chief Officer

Executive Dean’s/Chief Officer’s action:

- Agree with employee/supervisor’s statements regarding this reclassification request.
- Request additional review explanation attached:

Executive Dean/Chief Officer’s signature: _____ **Date:** _____

PART V – To be completed by Human Resources

LCCEF Notified on: _____

Human Resources action:

- Approve change in classification to: _____
- Change in classification not approved.

This position was not allocated to the classification requested for the following reason(s):

Classification specialist’s signature: _____ **Date:** _____

PART VI – To be completed by Human Resources

Date of Notification to employee: _____ By: _____

Appeal form sent.

Appeal Due back to Human Resources by: _____