

Position Evaluation Request

(Please involve your HR Partner in this request.)

Date: _____

Requesting Manager's Name: _____

Manager Title: _____

Manager Department: _____

***Manager= who is making the request

A job evaluation may be requested in the following circumstances:

- A new position is created,
- Significant functions/responsibilities are added or deleted from a position, or
- Changes in the reporting chain occur (reports to a different position or supervises new positions)

****Please complete the applicable highlighted section below.****

Request: New Position Evaluation

Proposed Business Title:		Reporting to Supervisor:	
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Reporting to Supervisor = the position title this position reports to

If a different position is being eliminated to create this position:

Business Title:		Grade:	
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Request: Existing Position Reevaluation

Vacant Occupied

Current Business Title:		Current Grade:	
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Is the current business title being eliminated? Yes No

Proposed Business Title:		Reporting to Supervisor:	
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Incumbent Name	
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If currently vacant, last incumbent name

Explain changes warranting reevaluation. Do not leave this section blank.

For HR Use Only

This information is to be completed by HR upon finalization of the position evaluation request.

FLSA Classification: _____

Final Business Title: _____

Job Code: _____

Compensation Grade: _____

Review Date: _____

Reviewed By: _____

Comments:

Return completed form along with the new/revised job description to your HR Partner.