REVIEW OF POSITION QUESTIONNAIRE FORM

Name of Employee:  _____________________________________________________________________

Current Classification  _____________________________________________________________________

Funding:     Budget ☐ Grant ☐ Self-Supporting ☐

TO BE COMPLETED BY HEAD OF DEPARTMENT OR DESIGNATE
(For additional comments, please use reverse side of this form)

1. Do you consider that there are grounds for reclassification? Please indicate in what way the responsibilities, skills required or knowledge required have increased or decreased to warrant a change in the present classification. Approximately when did the change take place?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. Please supplement or qualify any of the statements on the Employee's Position Questionnaire where you think necessary:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

3. General remarks by Department Head:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Date:____________________________ Signed:____________________________________

Phone:____________________________________