**Department/College Request**

***Check all that apply***

[ ]  Review of Existing Position – if classification changes are

anticipated, please complete the justification form.

[ ]  Annual Update

[ ]  Conversion: Effective Date:

 [ ]  Change in weekly hours from to

 [ ]  Change in months from to

Dean/Director/Administrator’s Signature Date

[ ]  Salary Review Only

[ ]  Other (Check all that apply)

[ ] Organization change

 New Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Supervisor change

 New Supervisor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Provost/VP/Designee Signature (if applicable) Date

 New Supervisor Position Title and Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Interim upgrade

[ ]

 ***Approvals may be submitted by attaching email***

**Current Position Information:**

|  |  |
| --- | --- |
| **Incumbent:** **Current Position Title and #:**  | **Employee #:**  |
|  |  |
| **Current Paygrade (if classified position):** **Current Organization:**  |  |
|  |  |

|  |  |
| --- | --- |
| **Current Supervisor’s Name:**  |  |
| **Contacts to receive finalized review:****Finance Strategic Business Advisor**: **Email:**  | **HR Partner**: **Email**:  |

|  |
| --- |
| **JOB SUMMARY***Briefly describe the general purpose of the job in two to three sentences* |
| **Duties and Responsibilities***List the current duties and responsibilities of the position. Indicate the average percentage of time spent performing each separate job duty throughout a 12-month period. Please list percentages of 5 percent or more. Describe what the duties and responsibilities are and how they are performed.* |
| **% of time** % | **Duties and Responsibilities**  |
| **QUALIFICATIONS***The knowledge, skills and abilities listed below are typically acquired through the levels of education and experience required of the position. However, any* e*quivalent combination of education and/or experience which provide an applicant with the listed knowledge, skills and abilities to perform the essential duties and responsibilities of the job is acceptable. (To be finalized by Talent & Culture.)***Education/Knowledge**1. List the level and type of minimum education required to qualify for this position; not for the incumbent.
2. What licenses or certification(s) (e.g. electrician’s license) if any, are required for the position? Specifically state the reason for this licensor requirement (supervisor’s preference, state or federal law, etc.).
 |
| **Skills** |
| **Experience**In addition to the education/knowledge, please describe the type and minimum amount of prior directly related work experience typically required, if any, for a person coming into this position. Experience listed here is considered as concurrent not cumulative. |
| Type of Experience Needed | Amount of Experience Needed (Months/Years) |
| **PHYSICAL & MENTAL DEMANDS & PHYSICAL COORDINATION***The physical and mental demands described below are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Example: (Must be able to lift, push or pull 50 pounds or use specific equipment and tools)*

|  |  |
| --- | --- |
| ***Physical Effort*** | ***How Often***  |
|  |  |
|  |  |
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| **PLEASE ATTACH A FLOW CHART FOR YOUR ENTIRE DIVISION AND/OR DEPARTMENT TO THIS FORM****Does this position supervise DOT/Drug Tested position(s), please check the following box: Yes** [ ]  |
| **DISCLAIMER***This description does not state or imply that the duties listed are the only duties to be performed by the position incumbent. Justification for information provided in the job description may be requested. Employees are required to follow job-related instructions and perform other job-related activities assigned by their supervisor.**All requirements are subject to possible modification in order to provide a reasonable accommodation to individuals with disabilities. Some requirements may exclude individuals who pose a direct threat or significant risk to the health and safety of themselves, students, other employees, or the general public.* |
| **EMPLOYEE GENERAL COMMENTS***Employee may add other information which would be important in understanding the position description and which has not been covered in other sections of this form.*Employee’s Signature Date |
| **SUPERVISOR COMMENT SECTION***As a supervisor, it is important that you review this position description for accuracy and completeness and note any comments you may have next to the employee’s responses and please initial. The space provided is for general remarks you may have. This position description is intended solely for the purpose of accurately describing the position and not the person or her/his performance.* Supervisor’s Signature Date |

**Position Review Justification Form**

***This form should be submitted along with the job description and resume.***

The position supervisor should complete this form when submitting a job description where a change in the incumbent’s salary and/or reclassification of the position is anticipated. This justification form is not needed if there are no anticipated changes to the position or salary.

1. Briefly explain how this position has changed, giving concrete examples of the changes (please note that the PIQ/job description should more fully explain this information in detail):
2. When were the new duties assigned or the duty changes made?
3. Please note the position title and/or salary/paygrade you are anticipating for this submitted PIQ/job description:
4. Do you know of or are you aware of any other positions or employees assigned/performing work similar to that of this position in its new description? If so, please list position titles or names of incumbents: