



Position Re-Evaluation Form with Staff Employment Request

This form is used when requesting a re-evaluation of an existing position because of required changes in job accountabilities, responsibilities, and supporting activities. Approval of a re-evaluation does not necessarily mean that a position's grade will change.

Instructions:

- Supervisor/incumbent makes appropriate revisions to position description in on-line PD tool.
- Supervisor prints copy of revised PD and submits with completed *Position Re-Evaluation Request Form*.
- Supervisor completes Part A.
- Department Chair, Head, or Center/Institute Director reviews Part A and completes Part B.
- Dean, Director, AVP, or Vice Provost reviews Part A & B and completes Part C.
- President, Provost, Vice President, or direct report to the President completes Part D.
- Initial Budget Office approval needed in Part E. If the re-evaluation circulates for more than one month, an additional Budget approval is needed. See Part G.

Part A: To be completed by supervisor and submitted with revised PD to Department Chair, Department Head, or Center/Institute Director.

Title of Position:	<input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt	Current Grade:
Department:	Stem:	
Current Incumbent:	Date Position is Available:	
Supervisor Name and Title:		
Position Number:	Current %FTE:	
Months Per Year:	Hours Per Week:	
This position is funded by: <input type="checkbox"/> Soft dollar funding <input type="checkbox"/> Hard dollar funding		
<input type="checkbox"/> Do Not Post because position may be filled with an internal candidate within the same department.		
Date of most recent position evaluation and/or re-evaluation request:		
Has the position description changed since the last time it was reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List the significant changes that may have an impact on this position's classification:

1.	
2.	

STAFFING ALTERNATIVES

Check Yes or No	Staffing Alternative	Explanation
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assigning duties to other positions or departments (such as reassignment to be done in concert with other manager, if appropriate)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Implementing job sharing	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stopping, reducing, or delaying other department activities	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Implementing alternative schedules that will reduce costs	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Using work-study and wage employees; temporary agency services may also be appropriate for short term staffing needs	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leveraging technology	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	

Requester Signature: _____

Date: _____

Print Name and Title: _____

Part B: To be completed by Department Chair, Head, or Center/Institute Director.

- Determine if changes are significant enough to impact the position's grade (call HR for guidance)
- Determine if sufficient funds are available in departmental accounts if the re-evaluation results in a position upgrade or ingrade adjustment
- If approved, forward to Dean, Director, AVP, or Vice Provost
- If not approved, return to supervisor and forward copy to Human Resources.

Please check all boxes that apply:

- I concur that the significant changes listed above warrant a position reevaluation.
- I do not concur that the significant changes listed above warrant a position reevaluation.
- A departmental account has sufficient funds to cover the cost if a re-evaluation results in a salary adjustment.
- A departmental account does not have sufficient funds to cover the cost if a re-evaluation results in a salary adjustment.
- I do not anticipate the need for additional funds because:
- The position is vacant I expect a position downgrade Other

Signature: _____

Date: _____

Print Name and Title: _____

Part C: To be completed by Dean, Director, AVP, or Vice Provost.

- Review Parts A & B and determine if changes are significant enough to impact the position's grade (call HR for guidance)
- Indicate funding source if re-evaluation results in a position upgrade or ingrade adjustment
- If approved, forward to President, Provost, Vice President, or direct report to the President, whichever is applicable
- If not approved, return to supervisor and forward copy to Human Resources.

Please check all boxes that apply:

- I concur that the significant changes listed above warrant a position reevaluation.
- I do not concur that the significant changes listed above warrant a position reevaluation.
- Any required funding will come from (please check one and supply account number):
- Department (Index # _____)
- Vice President or Provost (Index # _____)
- Other (Index # _____)
- I do not anticipate the need for additional funds because:
- The position is vacant I expect a position downgrade Other

Signature: _____

Date: _____

Print Name and Title: _____

Part D: To be completed by President, Provost, Vice President, or direct report to the President)

- **Indicate approval of request and concurrence of funding source**
- **If approved, forward to Human Resources**
- **If not approved, return to Dean, Director, AVP, or Vice Provost and forward copy to Human Resources.**

Please check all boxes that apply:

- I concur that the significant changes listed above warrant a position re-evaluation.
- I do not concur that the significant changes listed above warrant a position re-evaluation.
- I concur with the funding source identified in Part C.

Signature:	Date:
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Print Name:

Part E: Initial Budget Office Approval:

- The budget identified above has sufficient funds for this evaluation.
- The budget identified above does not have sufficient funds for this evaluation.

The approval from Budget is valid for one month after the date below. If the approvals take longer than one month from the date of the signature below, a second Budget approval is needed.

Signature:	Date:
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Print Name:

Part F: ORSP Approval:

- The budget identified above has sufficient funds for this evaluation.
- The budget identified above does not have sufficient funds for this evaluation.

Signature:	Date:
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Print Name:

Part H: HR Office Approval:

- I concur that the significant changes listed above warrant a position re-evaluation.

Signature:	Date:
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Print Name:

Part E: Final Budget Office Approval:

Nonexempt Hiring Range:	Exempt Hiring Range:
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- The budget identified above has sufficient funds for this evaluation.
- The budget identified above does not have sufficient funds for this evaluation.

Signature:	Date:
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Print Name: