

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.
- Budget Office approval needed in Part E.

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

Title of Position:	Current Grade:
Department:	
Current Incumbent: <i>(Indicate previous incumbent if currently vacant)</i>	Position Number:
Supervisor Name and Title:	
Date of most recent position evaluation and/or re-evaluation request:	
List the significant changes that may have an impact on this position's classification:	
1.	
2.	
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 in-grade 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; 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 in-grade 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 (Account # _____)
 - Vice President or Provost (Account # _____)
 - Other (Account # _____)
- 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:

Print Name:

Part E: 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.

Signature:

Date:

Print Name: