

CLASSIFICATION REVIEW REQUEST

Incumbent Name: _____
 Current Job Title: _____ Pay Grade: _____
 Department/Unit: _____ Immediate Supervisor: _____
 Requested by: Employee Supervisor Other, explain _____

Identify the area of the PIQ that has changed since the last review, select the appropriate Job Factor(s):

- | | |
|---|---|
| <input type="checkbox"/> I Knowledge | <input type="checkbox"/> VIII External Contacts |
| <input type="checkbox"/> II Experience | <input type="checkbox"/> IX Direct Supervision |
| <input type="checkbox"/> III Complexity & Problem Solving | <input type="checkbox"/> X Indirect Supervision |
| <input type="checkbox"/> IV Freedom of Action | <input type="checkbox"/> XI Physical Coordination |
| <input type="checkbox"/> V Scope & Effect | <input type="checkbox"/> XII Working Conditions |
| <input type="checkbox"/> VI Breadth of Responsibility | <input type="checkbox"/> XIII Physical Demands |
| <input type="checkbox"/> VII Intrasystems Contacts | |

On a separate page, provide an explanation describing the change(s) for each Job Factor identified above.

Briefly describe reason(s) for requesting this classification review:

(If more space is needed, attached additional pages)

_____ Employee Signature	_____ Date	_____ Supervisor Signature	_____ Date
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TO BE COMPLETED BY HUMAN RESOURCES

Classification Review Action:

Current Base Salary: \$ _____ (Excludes Increment) FTE: _____ Fund: _____ Pos# _____

Current Job Title: _____ Current Title Code: _____ Pay Grade _____

Proposed Job Title: _____ New Title Code: _____ New Pay Grade: _____

Proposed Effective Date: _____

Proposed Base Salary: \$ _____ (Excludes Increment) FTE: _____ Fund: _____ Pos #: _____

Comments:

_____ Director of Human Resources	_____ Date	_____ Vice President of Finance & Administration	_____ Date
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_____ Vice President of Unit	_____ Date	_____ President	_____ Date
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NOTE: Supervisors should send a copy of the attached PIQ electronically via e-mail to Doug.Kennedy@southernnw.edu or susan.ross@southernnw.edu