



JOB EVALUATION REQUEST

Please complete this form, attach a copy of the revised job description and send the package to Kristie Fuchs in Human Resources.

Division:	Job Title:
Department:	Job Number:
Date of request:	

Employee name	Employee Signature	Date signed	Local
VP name	VP Signature	Date signed	Local
Supervisor name	Supervisor Signature	Date signed	Local
Administrator name	Administrator Signature	Date signed	Local

Please check one of the following:

- Update language or housekeeping request (not required to complete the sections on next page)
- Request a Reclassification (if this box is checked, required to complete the sections on the next page)
- New position (for HR purposes, attach budget approval, required)

Describe New Duties, provide rationales and give examples (**required – please complete this section if you are requesting a reclassification**):

Date when duties were added: _____

Describe Duties no longer performed and give examples (if applicable):

Date duties were discontinued: _____