Job Description Evaluation Request Form

Clerical/Service
(Note: This form must be submitted with the job description for review.)

Current Position Title: _________________________________________________

Department Name: ____________________________________________________

Current Job Classification:
_____ Clerical
_____ Service
_____ Other

Date Last Evaluated: ___________________

Does the job description include a departmental organizational chart change? _____
If so, please describe the nature of the changes: ______________________________
____________________________________________________________________
____________________________________________________________________

Describe below specific changes to the job in the following categories:

1. Knowledge required for the job and complexity

2. Latitude/supervision and/or overall effect

3. Contacts (internal and external), physical demands, work environment, and confidentiality

_________________________________  ____________________________
Date                                      ____________________________

Job Holder Name (Print)                      Job Holder Signature

Supervisor Name (Print)                      Supervisor Signature

Vice President/Provost (Print)               Vice President/Provost Signature