

**Human Resources
POSITION REVIEW REQUEST FORM**

Your Name:	Title:
Name of Supervisor:	Current Position Range: Years in Position:
Employee Signature:	Department/Section Name:
Did you request a review for this position last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Since the last review of my position, there has been a significant change in: (Please check all that apply)

<input type="checkbox"/> Duties	<input type="checkbox"/> Decision Making	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> New Skills, Licensure, Certification	<input type="checkbox"/> Accountability/Responsibility	

- ◆ Keep in mind that you are describing an **increase** in job content since your last review. “Job content” means additional duties assigned to you, independent decision making, required know-how, problem solving, responsibility and/or accountability.
- ◆ For each item checked, explain/describe the change in detail. Be specific; give examples and the amount of time (%) that you spend performing the item changed (Not to exceed 100% total).
- ◆ When did the change occur? Is it permanent or temporary? What is the frequency? (daily, weekly, monthly, etc.)

What is the educational or training requirement necessary for **this position?**

% of Time	Describe Item(s) Changed – Be Specific	Perm or Temp	Frequency	Date of Change
1.				
2.				

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% of Time	Describe Item(s) Changed – Be Specific	Perm or Temp	Frequency	Date of Change
3.				
4.				
5.				
6.				

(If necessary, attach additional sheet using the above format for explanation of changes.)

- ◆ Explain/describe the duties that have decreased or been eliminated. When did the change occur? Was it permanent or temporary? What was the frequency? (daily, weekly, monthly, etc.)

% of Time	What Duties Have Been Decreased or Been Eliminated?	Perm or Temp	Frequency	Date of Change
1.				
2.				
3.				
4.				