



### Request for a Classification Review

#### Instructions

The initiator of a Classification Review must complete and submit the following documents to the Human Resources Management Office:

- Request for a Classification Review
- Revised Position Description
- Previous Position Description
- Organizational Chart

Upon receipt of the completed forms, the department of Human Resources Management will notify the initiator of the next stage of the review process.

#### Current Classification

Position Title: \_\_\_\_\_

Classification: \_\_\_\_\_

Position #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Division / College: \_\_\_\_\_

Department: \_\_\_\_\_

Incumbent: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

#### Reason for a Classification Review

New Position	New/Revised CSU Classification & Qualification Standard
Updated Position Description	Change in duties/ responsibilities      Other

#### Classification Review Initiated by (Check only ONE)

Incumbent     
  Supervisor     
  Administrator     
  Vice President     
  Human Resources Management

Summarize reasons for requesting a Classification Review for this position. The supporting statement should describe the position as it once was and how it appears today. In addition, examples of significant and permanent changes in the job duties and responsibilities since the last Classification Review should be provided. Attach additional pages and supporting documentation if necessary.



Review Initiator:

Date:

**Request Reviewed By**

The signatures below indicate that each individual has reviewed this Request for a Classification Review. **THESE SIGNATURES ARE NOT RECLASSIFICATION APPROVAL SIGNATURES.**

Supervisor Signature:

Date:

Administrator Signature:

Date:

Vice President Signature:

Date: