

## Position Classification Review Form

### Action

- Create New Position (Approved job description/PDQ must be attached for HR Review)\*  
 Final Classification: \_\_\_\_\_  
(To be completed by Human Resources)
- Reclassify an Existing Position (Approved job description/PDQ must be attached for HR Review)\*  
 Position #: \_\_\_\_\_ Current Job Title: \_\_\_\_\_  
 Vacant     Filled – Employee Name: \_\_\_\_\_
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explanation of Funding: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*Upon creation or reclassification of a position, the budget information section of the Personnel Requisition and Budget form is required prior to filling, upgrading or downgrading the position.**

### Position Status

- Full-Time     Part-Time: \_\_\_\_\_  
FTE%     Administrative     Professional/Technical     Classified

### Approvals

Supervisor: _____	_____	_____
Print Name	Signature	Date
Dean/Director: _____	_____	_____
Print Name	Signature	Date
Vice President: _____	_____	_____
Print Name	Signature	Date
President: _____	_____	_____
Print Name	Signature	Date

**President signature and memo required for all direct appointments.**

**Internal Use Only**

Final Job Class: \_\_\_\_\_ Final Job Title: \_\_\_\_\_ Final Annual Base Salary: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Effective Hire Date: \_\_\_\_\_ Budget Notification Date: \_\_\_\_\_

Salary Range: \_\_\_\_\_ to \_\_\_\_\_  
Minimum                                  Maximum

HR Director: _____	_____	_____
Print Name	Signature	Date

Exemption Form Attached     FLSA Designation Attached