



## REQUEST FOR CLASSIFICATION REVIEW

Incumbent's Name (Or Vacant)

Position Title

Department

Present Classification (If Known)

### PLEASE ATTACH A CURRENT APPROVED POSITION DESCRIPTION FORM

The Requestor should state briefly the reasons for this review (where the position description has been revised since the last review, indicate the revisions on the position description or describe below) and return it to Human Resources.

Signature of Requestor

Printed Name of Requestor

Comments:

Date

Incumbent's Signature

Comments:

Date

Director, Dept. Head or Grantee Signature

Comments:

Date

Dean or Vice-President Signature

(If further space is required, please attach a separate sheet).