



## Request for Classification Review

Incumbent's Name	Position Title
Department	Present Classification

**\*\* PLEASE SEND YOUR REQUEST TO THIS EMAIL Classification@uwinnipeg.ca, MAKE SURE TO COPY YOUR HR CONSULTANT AND ATTACH A CURRENT APPROVED POSITION DESCRIPTION \*\***

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 to Human Resources.

Printed Name of Requestor	Signature of Requestor
Comments:	

Date	Signature of Incumbent
Comments:	

Date	Signature of Manager
Comments:	

Date	Dean/Director Signature
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**(If further space is required, please attach a separate sheet)**