

Request for the evaluation of a position

You may complete this form on your screen and then print it

DEPARTMENT INFORMATION :

Name of Department	
Organization Code	
Effective Date of Hire or Reclassification	

CURRENT POSITION INFORMATION:

Position Title	
Position Code	
Grade/Classification	
Union	
Name of incumbent (if applicable)	
Category of appointment	Permanent: _____ Contract: _____
Duration of the contract (if applicable)	

JUSTIFICATION OF THE REQUEST:

(To be filled only in the case of a request for a re-evaluation of a position)

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(please add sheets if necessary)

APPROVAL

I certify that the answers provided in the questionnaire represent a true, exact and complete statement of the duties performed by this position.

Date:	Supervisor (Please Print Name):	Signature:
Date:	Unit or Department Head (Please Print Name):	Signature: