



# Request for Classification Review

HR Web Site: [http://www.umanitoba.ca/admin/human\\_resources](http://www.umanitoba.ca/admin/human_resources)

**NOTE:**

The requestor completes Section A and submits this form to Human Resources (309 Administration Building), together with:

- **Position Description Questionnaire (select one):**  
 Draft  
 Final (MUST be signed by Department Head or Grantee AND the Dean, Director or Head of Administrative Unit)
- **Organization Chart**, indicating classifications of support staff and with the position highlighted
- **Position Profile** form (if a change in location)
- **Funding Allocation** form (if the funding arrangements are complicated and a Position Profile form is **not** attached)

## PART A (To be completed by the requestor)

If additional space is required in any section, please attach a separate sheet.

Questions? For more information, please call your HR Partner.

### 1. Employee Information

**SURNAME:** \_\_\_\_\_ **U of M Employee No.:** \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

### 2. Position Information

Position Number (if known): _____	Current Classification: _____
Current Position Title: _____	Faculty/School/Admin. Unit: _____
New Position Title (if applicable): _____	Department: _____
	Section (if applicable): _____

State briefly the reasons for requesting a review. Where the Position Description Questionnaire has been revised since the last review, underline the revisions on the new version of the Position Description Questionnaire that you are attaching.

Requestor: \_\_\_\_\_  
 Name (please print) \_\_\_\_\_ Position Title \_\_\_\_\_ Signature \_\_\_\_\_  
 Internal Mailing Address: \_\_\_\_\_



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Comments of Incumbent:

Empty text box for Incumbent comments

Date

Signature

Internal Mailing Address:

Comments of Supervisor:

Empty text box for Supervisor comments

Name (please print)

Date

Signature

Internal Mailing Address:

Comments of Department Head or Grantee:

Empty text box for Department Head or Grantee comments

Name (please print)

Date

Signature

Internal Mailing Address:

Comments of Dean/Director/Head of Administrative Unit:

Empty text box for Dean/Director/Head of Administrative Unit comments

Name (please print)

Date

Signature

Internal Mailing Address:

Attachments:

- Position Description Questionnaire
Organization chart (indicating classifications of support staff and with position highlighted)
Position Profile
Funding Allocation



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#### PART B (For Central Administration Use Only)

Date received: \_\_\_\_\_ Date receipt sent: \_\_\_\_\_ Date response due: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Date notified: \_\_\_\_\_

#### RESULTS

- 011 Reclassification – ee promotion       041 Reclassification – lower level       No change
- 040 Reclassification – similar level       Change in Hay points only

Current Hay point range: \_\_\_\_\_ New Hay point range: \_\_\_\_\_

Current job evaluation level: \_\_\_\_\_ New job evaluation level: \_\_\_\_\_

Current NOC: \_\_\_\_\_ New NOC: \_\_\_\_\_

Current comp. group: \_\_\_\_\_ New comp. group: \_\_\_\_\_

Current job number: \_\_\_\_\_

Current position number: \_\_\_\_\_

Effective date of change: \_\_\_\_\_

Salary change from: \$ \_\_\_\_\_ to: \$ \_\_\_\_\_  per year (EMAPS)  per hour (all others)

Current step (if applic.): \_\_\_\_\_ New step (if applic.): \_\_\_\_\_

Next Salary Review Date: \_\_\_\_\_

HR Compensation Administrator (if new position)

New position number: \_\_\_\_\_ Date: \_\_\_\_\_

New job number: \_\_\_\_\_ Date: \_\_\_\_\_

Pay revision required?  Yes  No If yes:  Payroll Ref payroll nos: \_\_\_\_\_