UT SYSTEM OFFICE OF HUMAN RESOURCES

Classification / Compensation Review

DATE REQUESTED	

REASON FOR EVALUATION Choose one:

CURRENT INFORMATION

POSITION CODE	CURRENT HOLDER	PERSON NUMBER	BUSINESS UNIT
			UT Chattanooga BU

JOB FAMILY-ROLE-LEVEL	NAME (WORKING TITLE)	MKT RANGE	SALARY/RATE

DEPARTMENT	DIVISION

SUPERVISOR	PARENT POSITION CODE	PHONE	EMAIL

DEPARTMENT CONTACT	PHONE	EMAIL

JUSTIFICATION FOR THE ACTION

REQUESTED JOB FAMILY-ROLE-LEVEL	REQUESTED WORKING TITLE
REQUESTED PARENT POSITION NUMBER *(leave blank if unchanged)*	**REQUESTED PARENT POSITION TITLE** *(leave blank if unchanged)*
REQUESTED SALARY *(leave blank if unknown)*	**REQUESTED EFFECTIVE DATE**

Provide a brief summary of the reason for this request. If this request involves the assignment of new duties or re-delegation/removal of current duties, include the position information for the other position(s) affected by the change. Affected position descriptions should also be updated and reviewed. Additional supporting documents may be attached.

APPROVALS

APPROVER 1

Signature _____ Date _____

Printed name _____

APPROVER 2

Signature _____ Date _____

Printed name _____

APPROVER 3

Signature _____ Date _____

Printed name _____

APPROVER 4

Signature _____ Date _____

Printed name _____

APPROVER 5

Signature _____ Date _____

Printed name _____

APPROVER 6

Signature _____ Date _____

Printed name _____