



**EMPLOYEE REQUEST
FOR JOB RE-EVALUATION REVIEW FORM**

EMPLOYEE & POSITION INFORMATION (Please provide all information requested in the fields)

Last Name* :

Date Submitted* :

First Name* :

Department* :

Division* :

Relationship to Employee (if representing a group of employees within the same position)* :

Position Title (No In-House Titles) * :

Class Code (for DOA)

Phone Number (s) * :

Email Address * :

Names and position titles of all other employees represented:

EMPLOYEE JUSTIFICATION

Please state below the purpose of your request and any job-related information which is justification for your request for review. Reasons stated below must be based purely on job content and not salary or performance based. (For additional space, you may provide attachments). Supporting documents may be attached.

Requesting Employee:

FOR ADMIN/PERSONNEL STAFF USE:

X _____
Signature

Date Stamped Rec'd
from Employee:

Dept.
Admin/Personnel staff initials: _____

For any further assistance regarding these forms or any inquiries regarding the Request for Review Process, feel free to email us at angelica.diaz@doa.guam.gov and catherine.borja@doa.guam.gov or call us at 475-1265 or 475-1131.



AGENCY REVIEW: Form for Immediate Supervisor / Manager

Last Name * :

Date Reviewed* :

First Name* :

Agree

Disagree* :

Department* :

Division* :

Position Title (No In-House Titles) * :

Class Code (for DOA):

Phone Number (s)* :

Email Address* :

If you agree and would like to provide supporting information please indicate below. If you disagree with the employee's statement, please indicate the reasons below. Reasons for agreement and disagreement must be based purely on job content and not salary or performance based. (For additional space, you may provide attachments)

Immediate Supervisor Signature: _____

FOR ADMIN/PERSONNEL STAFF USE:

X _____
Signature

Date Stamped Rec'd
from Supervisor:

Dept. _____
Admin/Personnel staff initials: _____

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Agency Head or Designee

Last Name * :

Date Reviewed* :

First Name* :

Agree Disagree* :

Department* :

Division* :

Position Title (No In-House Titles) * :

Class Code (for DOA):

Phone Number(s) * :

Email Address* :

If you agree and would like to provide supporting information please indicate below. If you disagree with the employee's statement, please indicate the reasons below. Reasons for agreement and disagreement must be based purely on job content and not salary or performance based. (For additional space, you may provide attachments)

Department/Agency Head:

FOR ADMIN/PERSONNEL STAFF USE:

X _____
Signature

Date Stamped Rec'd
from Dept/Agency Head:

Dept.
Admin/Personnel staff initials: _____

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