

Position Change Form

It is recommended to use this form in Adobe Acrobat Reader. Completed and signed forms can be scanned and forwarded to <u>jobevaluation@uwaterloo.ca</u> in Human Resources.

Change Request Reason:		
Position Details Update Job evaluation request		
To be included with Revised Job descript Current and propose The Department Head description accurate Note: net-new positions are now ide	job evaluation request: ion attached (Must be in .doc or .docx for ed organization chart attached ad/Executive Officer signature on the Ally reflects the role to be completed by the entified through the UWaterloo Talent in hours of work, reports to change, title in the complex control of the con	accounting Flexfield confirms the job the incumbent listed on this form Acquisition System (iCIMS)
	amples: significant accountabilities cha	
Position Details:		
Position number of role to be chan	ged: Incumbent name:	
Requestor:	Email:	Ext.
Complement:	Paygroup:	Proposed Grade:
	Regular Recurring (CUPE) Grou	up Leader/Shift Supervisor (CUPE)
Changes to position informat	ion:	
Position trait	Current	New (leave blank if no change to be made)
Title		
Organization Unit Number		
Department name		
Building code		
Part-time/Full-Time		
Full-time hours per week		
Part-time hours per week		
Full-time Equivalent (FTE)		
Reports to position number		
Reports to name		
Total number of direct reports		
Position #(s) of direct report(s)		
Special Conditions:		





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For Job Eva	luation	Request	Only:
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List the summary of major job changes.										
Funding Source - Accounting Flexfield (AFF):										
1. Funding Ty	pe:									
%										
	ORG UNIT	ACTIVITY	FUND	FUND CLASS	PROJECT	OBJECT	PRODUCT	PHASE		
Signing Authori	ty: (required	l if differe	nt than d	epartment h	ead approver be	rlow)				
Employee #:		Name:			Signature	:				
2. Funding Ty	ne·									
						1	<u></u> 1[
%										
ORG UNIT ACTIVITY FUND FUND CLASS PROJECT OBJECT PRODUCT PHASE Signing Authority: (required if different than department head approver below)										
Employee #:	, , ,	Name:		<u>, </u>	Signature:					
Approvals:			Nam	e	Si	gnature	Da	te (mm/dd/y	ууу)	
Department He	ad									
Office of Resear	rch									
(for research funded	d roles only)									
HR Advisor										
Job Evaluation										
For HR Use Only										
Job Code: Salary Admin Plan:										

Distribution: Job Evaluation, Requestor, Finance