



CLASSIFICATION REVIEW REQUEST FORM

Kutztown University of Pennsylvania

NON-INSTRUCTIONAL POSITIONS

EMPLOYEE NAME: _____

CURRENT CLASSIFICATION: _____

DEPARTMENT: _____

PART I (To be completed by supervisor)

Check **ONE**:

Temporary Assignment of new/additional duties (out of class request)
Anticipated length of temporary assignment: Start Date _____ End Date _____

Permanent Assignment of new/additional duties (reclassification request)

A. **Attach a copy of employee's new complete job description.** This is the job description that you are using as a basis for the review and will become the employee's permanent job description of record (**THIS IS NOT REQUIRED FOR TEMPORARY ASSIGNMENTS**). Please download the job description template at <http://www2.kutztown.edu/Documents/HR/Employee%20Relations/LastNameFirstM-Dept-Class-JobTitle-Date-JDEF.docx>

B. List new duty statements that have been assigned to this position. (Attach additional pages as needed.)

1. _____
2. _____
3. _____
4. _____

C. Explain how these duties have changed the job.

D. Explain why it was necessary to assign these duties (Where were the duties assigned previously?).

E. Print form, sign below and forward to your dean or director.

Signature

Date

NON-INSTRUCTIONAL POSITIONS

EMPLOYEE NAME: _____

CURRENT CLASSIFICATION: _____

DEPARTMENT: _____

REQUEST DATE: _____

PART II (To be completed by dean or director)

- I approve this request for review and am forwarding to vice president.
- I do not approve this request for review and am returning it to the supervisor.

Signature

Date

PART III (To be completed by the vice president)

- I approve this request for review and am forwarding to the Department of Human Resources.
- I do not approve this request and am returning it to the dean/director with a copy to the supervisor.

Signature

Date