

# ROGER WILLIAMS UNIVERSITY

## Position Classification/Reclassification Request Form

RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES

Job Title:

Department/Division:

<b>Request Status (check one)</b> <input type="radio"/> Initial Position Classification (New) <input type="radio"/> Reclassification (same process as new) <input type="radio"/> Appeal	<b>Incumbent: (If Applicable)</b>
--	-----------------------------------

<b>Effective Date:</b> Identify the date that the job duties will change or have changed significantly (If Applicable) _____	<b>Current Range: (If Applicable)</b>
--	---------------------------------------

**Business and Organizational Rationale** (Check this box if you are attaching a detailed rationale statement for the position creation or change (even if supporting a temporary adjustment).)

**Organizational Impact** (Check this box if you are attaching the organizational charts prior to and following the proposed position changes. Explain how the proposed action will affect other positions within the department, division or operational area.)

**Proposed Job Description or Position Information Questionnaire** (Check this box if you are attaching a job description or position information questionnaire in the authorized format) The job description should highlight any duties and responsibilities added to the position and how (if applicable) complexity of additional duties has changed the responsibility level of the position.)

**Signature\***

_____ Initiator (authorization to proceed) (Division Vice President or University President)	_____ Date
(Type name if submitting via email)	_____ Date Received by HR

\*Unsigned form will not be accepted.