

# JOB REVIEW QUESTIONNAIRE

*Upon Completion, submit this form to Area Personnel Office*

Do not write in this space.

N.C.	Date Received	JRQ #	Class Title	Class #
Schedule/Range/BU	Monthly Min-Max	New Probationary Period: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> New Starting Date in Class: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> (NA if Temporary Job)		Notice #
Effective Date	If reclassified, is incumbent certifiable? Yes <input type="checkbox"/> No <input type="checkbox"/>		Approved for: Notice <input type="checkbox"/> Letter <input type="checkbox"/>	Date

Employee: Complete all sections below, sign and forward to your supervisor.

Social Security Number	Name (Last, First, Middle)	Telephone Number	
Department Name	Campus Mailing Address		Fund & Dept. Number
Present Class Title	Class Number	BU Code	Student Employee Yes <input type="checkbox"/> No <input type="checkbox"/>
Requested Class Title	Class Number	BU Code	Temporary Position Yes <input type="checkbox"/> No <input type="checkbox"/>

Please use the space below to describe any changes in your tasks, duties, and/or responsibilities which led you to file this questionnaire.

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If you supervise, please check all responsibilities for which you have complete authority

- hiring  
  firing  
  discipline  
  performance evaluation  
  assignment of work  
 adjustment of grievances  
  training  
  staff planning  
  improvement of work methods

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Date \_\_\_/\_\_\_/\_\_\_ Signature \_\_\_\_\_

Form # CS-PS 7 Rev 8/85

Supervisor: Please attach an organizational chart of your unit and identify this position.

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Is the employee's statement of additional duties complete and correct? Yes  No

If no, please use the space below to amplify or correct the employee's statement.

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Please indicate your perception of the employee's request.

- Position is correctly classified                       Position is over-classified  
 Position should be raised to a higher job level     No opinion
- 

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Date \_\_\_/\_\_\_/\_\_\_ Supervisor's Signature \_\_\_\_\_

Please type or print: Name \_\_\_\_\_  
Title \_\_\_\_\_ Phone (    )    -  
Department \_\_\_\_\_  
Campus Mailing Address \_\_\_\_\_

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Date \_\_\_/\_\_\_/\_\_\_ Department Head's Signature \_\_\_\_\_

Please type or print: Name \_\_\_\_\_  
Title \_\_\_\_\_ Phone (    )    -  
Department \_\_\_\_\_  
Campus Mailing Address \_\_\_\_\_

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Date \_\_\_/\_\_\_/\_\_\_ Dean's Signature \_\_\_\_\_

Please type or print: Name \_\_\_\_\_  
Title \_\_\_\_\_ Phone (    )    -  
Department \_\_\_\_\_  
Campus Mailing Address \_\_\_\_\_

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