SAN JOSÉ STATE UNIVERSITY RESEARCH FOUNDATION Request for Classification Review

Purpose: This form is to be completed and submitted either by a department head, director, immediate manager or by an employee to request a classification review of an employee's present position.

Instructions:

- a. Attach a copy of the present job description, as well as any new tasks/projects/skills that are currently being completed by the employee.
- b. Turn in completed form and proposed updated job description to the Research Foundation Human Resources department.

This Classification Review is	submitted by:
☐ Employee	Department Manager or Department Director
Employee Printed Name:	
Immediate Manager	
Present Position Title	
☐ Exempt	☐ Non-Exempt (hourly)
Immediate Manager	
Department	
Proposed Position Title (If	Different)
☐ Exempt	☐ Non-Exempt (hourly)
Immediate Manager	
Department	



Rationale for Classification Review Please document how this review involves significant and permanent chan responsibilities. Attach separate sheet if additional space needed.	ges in the employee's assigned duties and	
Employee Signature:	Date	
Department Director/Manager Signature	Date	
Outcome of Request-HR	Use Only	
☐ Approved		
HR has reviewed this Classification Review, and approves a position rec	classification.	
☐ Not Approved		
The expansion and addition of duties and responsibilities, as documen action.	ted, do not support a position reclassification	
Above decision has been discussed with the requestor and the departr	ment director/manager.	
Human Resources		
Signature		
Above decision has been discussed and reviewed with me.		
Department Director/Manager Signature	Date	

This decision can be appealed by the Employee or the Department Director or Manager, within ten calendar days of receipt of this outcome. The appeal should be in writing. Additional information should be attached for consideration at the time of appeal.

