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| **IMPORTANT INSTRUCTIONS AND REQUIRED DOCUMENTS**:* Please send all requests to albright@iup.edu with **CLASSIFICATION REQUEST** in the subject line. Request can be submitted by employee or supervisor.
* The effective date of any change in job classification is the date on which the completed request is received in the Office of Human Resources by email.
* A current job description on the appropriate form should be attached to this request.
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| **Date:** | [ ]  AFSCME [ ]  SCUPA [ ]  Management[ ]  SPFPA [ ]  OPEIU |
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| **Employee Name:** | **PERN Number:** |
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| **Current Classification:** | **Proposed Classification:** |
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| **Immediate Supervisor/Title:** | **Requested By:** |
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| **Description of substantial duties “ADDED” to this position** | **Date Duties were Added** | **Previously performed by** |
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| **Description of substantial duties “REMOVED” from this position** | **Date Duties were removed** | **Now performed by** |
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| **HUMAN RESOURCES USE ONLY** |
| CLASSIFICATION MANAGER: [ ]  APPROVED [ ]  DENIED |
| APPROVED CLASSIFICATION: |
| EFFECTIVE DATE: |
| NEW CLASSIFICATION CODE: |
| NEW RATE OF PAY/PAY STEP |
| AVP- HUMAN RESOURCES: ☐ APPROVED ☐ DENIED |