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| **IMPORTANT INSTRUCTIONS AND REQUIRED DOCUMENTS**:   * Please send all requests to [albright@iup.edu](mailto: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 | | |