

Classification Review Request Form

IMPORTANT INSTRUCTIONS AND REQUIRED DOCUMENTS:

- Please send all requests to human-resources@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 job description form should be attached to this request.

Date:	<input type="checkbox"/> AFSCME <input type="checkbox"/> SCUPA <input type="checkbox"/> Management <input type="checkbox"/> SPFPA <input type="checkbox"/> OPEIU	
Employee Name:	PERN Number:	
Current Classification:	Proposed Classification:	
Immediate Supervisor/Title:	Requested By:	
Description of substantial duties "ADDED" to this position	Date Duties were Added	Previously performed by
Description of substantial duties "REMOVED" from this position	Date Duties were removed	Now performed by
HUMAN RESOURCES USE ONLY		
CLASSIFICATION MANAGER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
APPROVED CLASSIFICATION:		
EFFECTIVE DATE:		
NEW CLASSIFICATION CODE:		
NEW RATE OF PAY/PAY STEP		
Director - HUMAN RESOURCES: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		