

REQUEST FOR POSITION STUDY
DEPARTMENT OF _____

Name: _____

Job Title: _____

Date: _____

Please complete the following information and add any other pertinent information to justify the need for a study:

1. How have the job duties changed either in scope and/or responsibility? List the critical (essential) activities and/or functions that *have been added* to the position that in total require at least 25% of the employee's time. [A critical activity is one that takes up at least 5% of the employee's time.]

2. When did this change occur? _____

3. How long will the *additional duties* remain with this position?

4. Have other positions/persons received a similar change in scope or responsibility? If so, who and when did it occur?

5. If the level of responsibility or scope has not changed, why is a study requested?

6. Authorization Signatures:

Do you support this request for a position study? Why or why not?

Supervisor: _____

Level 1:

Level 2:

Department Director: _____ Date: _____