

SUPPORT STAFF JOB RECLASSIFICATION SUPPLEMENTAL DATA FORM

Employee Name: _____

Position Title: _____

Name of Supervisor: _____

I am submitting the following supplemental information in support of my request for review:

Describe below, attaching additional pages, if needed, any pertinent information you believe supports this request for review. Information may include the following:

- ✓ functions not included in your current job description
- ✓ time spent completing the additional functions
- ✓ the critical need for those functions
- ✓ what you feel is your appropriate job title and why

Keep a copy to review with your supervisor and forward the original copy to the Human Resources Department. Following a discussion with your supervisor, he/she will forward the signed copies with any information he/she may feel is pertinent to the review.