

LOCAL 6070 POSITION REVIEW FORM

Name _____

Current Classification (circle one)

MSWI MSWII MSWIII MSWIV CT1 CT2 CT3

Proposed Classification (circle one)

MSWI MSWII MSWIII MSWIV CT1 CT2 CT3

Current Job Title _____

Shop/Department _____

Campus (circle one) UAA UAF UAS Remote _____

Name of Immediate Supervisor _____

Supervisor's phone number _____

Employee Signature _____

Submittal Date _____

Supervisor Signature _____ Date _____
for receipt of form

Member and Supervisor review date _____

Supervisor Recommends _____ Supervisor Does Not Recommend _____

Supervisor Signature _____

Date Submitted to Director _____

Director Approves _____ PCN _____ Effective Date: _____

New Classification: _____

Director Denies _____

Director Signature _____ Date: _____

**Section 1 – What is the reason for requesting a reclassification of this job?
(change in job duties, increase in responsibilities, certification, job knowledge or
experience)**

Section 2 – Tell us what has changed.

A. List job duties you are performing in the requested classification, if any:

(Attach additional pages if necessary)

B. Describe how your responsibilities have increased, if applicable.

(Attach additional pages if necessary)

C. What change in certification has occurred, if any? Attach any supporting documentation.

D. What change in job knowledge, experience or skills has occurred, if any?

E. Describe any change in problem solving/decision making that has occurred, if
any.

Section 3 – Guidance and Authority

Circle the description below which most accurately describes the job and the supervision it receives:

- a. Frequent and short assignments with detailed instructions. Progress checked regularly.
- b. A series of similar assignments performed alone. Use established standards and procedures. Complex and unusual problems referred to supervisor.
- c. Assigned objectives are only outlined. Responsible and accountable for completion of the objectives, choosing and using best procedure.
- d. Works and makes substantial decisions independently, infrequent or unstructured supervision.

Section 4 - Other information necessary to further clarify this reclassification request, if any:

Section 5 – To be completed by the Supervisor

- 1. List specific administrative and/or technical decisions made by this job. Specify only those decision made by this job without obtaining a supervisor’s approval. Do not include decisions referred to others (for example: supervisor) or those governed by policies and regulations or written procedures.

Supervisor: Recommend Approval _____
 Recommend Denial _____

- 2. Justification for recommendation
