



Position Evaluation Request

Date _____

Position _____

This is a ___ New Position / ___ Existing Position

Department _____

Please review the **attached** job description for the position above and complete the following:

What are the primary purposes, duties and/or responsibilities of this job or how have they changed significantly?

Does this position have a working relationship with other employees or departments?
___ Yes ___ No

If yes, explain: _____

Does this position have a working relationship with outside organizations/ individuals who are not employees of the Partnership? ___ Yes ___ No

If yes, explain: _____

Does this position have access to information of a confidential nature? ___ Yes ___ No

If yes, what kind of information? _____



Position Evaluation Request

Request for Position Re-evaluation

Page 2 of 2

Describe the level of complexity of this position's duties and responsibilities or how they have become more complex.

Give a brief description of the working conditions associated with this position including, i.e. exposure to heat, cold, fumes, outside work, etc.

Does this position have direct supervision of other employees? ___ Yes ___ No

If yes, how many employees does this position supervise? _____

Provide any other comments to support this request for position re-evaluation: _____

Completed by

Date

Department Head Signature

Date