

## REQUEST FOR POSITION REVIEW

Employee or supervisor should complete this form, obtain the necessary signatures, and forward to campus Human Resources Office.

### EMPLOYEE INFORMATION

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Department \_\_\_\_\_

Present Job Title and Wage Band \_\_\_\_\_

Proposed Job Title and Wage Band \_\_\_\_\_

REASON FOR REQUEST (Summarize major duties currently performed that are not covered by the current job title and description – if this request for a position review is approved, you will be asked for more detailed information later)

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AUTHORIZATION FOR POSITION REVIEW (campus to determine which of the following signatures are needed to authorize the review)

<u>Signature</u>	<u>Date</u>	<u>Approved</u>	<u>Disapproved</u>	<u>Comments</u>
_____	_____	_____	_____	_____
Employee				
_____	_____	_____	_____	_____
Supervisor				
_____	_____	_____	_____	_____
Chairperson				
_____	_____	_____	_____	_____
Director/Dean				
_____	_____	_____	_____	_____
Vice President				
_____	_____	_____	_____	_____
Other Appropriate Campus Reviewing Official				

**\* NOTE TO SUPERVISORS OF COLT STAFF:**

The collective bargaining agreement between the University of Maine System and the Maine Teachers Association covering the clerical, office, laboratory and technical staff requires that a supervisor process a request for a position review within 20 working days from the date the employee submits it to the supervisor.