

POSITION REVIEW REQUEST

SECTION I: Please complete this Position Review Request form. Once completed, please then send to your manager to complete their section and send through AODOCs PASS system with the final recipient as hrcomp-group@pcc.edu.

Name: _____

Job Title: _____

Job Classification: _____ **Grade/Level:** _____

Category: ☐ Classified ☐ Academic Professional ☐ Confidential ☐ Management

Work Information:

PCC Extension: _____ PCC Email: _____

Changes in Job Responsibilities:

Describe the job duties and responsibilities that changed in your position, permanently added or removed from your position.

Employee Signature _____

Date: _____

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Management Review, Comments and Approvals:

- ☐ I support this request and agree with my employee's perspective.
- ☐ I do not support this request and believe the job is appropriately classified.
- ☐ I have support from my leadership for a reclassification and if a reclassification is determined, our org has budget to adjust.

Manager Comments: *Please provide substantive information which supports the request for a job reclassification or your reasons for not supporting the request. Job reviews will not be processed until this information is provided.*

Manager Signature _____ Date: _____

*Note: Position Reviews will not be conducted solely on the basis of an increased workload or individual work performance or market salary review.

Section II: Approval Routing

Approver 1: Manager of Position
Approver 2: Next Level Manager
Approver 3: AVP/Executive Dean
Approver 4: Vice President (Executive of your area)
Final Recipient: hrcomp-group@pcc.edu

Distribution: Submit via AODocs--PASS. For help, refer to the Process Guide.

***Temporary Process for Position Review Requests until Comp Study is completed. Jan 2024**