

REQUEST FOR POSITION RECLASSIFICATION (continued)

How long have you been performing your current duties? _____

List names of manuals and established procedures which you refer to in your work or which provide guidelines applicable to your work, **if any**:

Other than typical office equipment (computer, phone, fax etc.), please list any machines, equipment and/or motor vehicles you are required to operate, **if any**:

In what way and how often is your work assigned and reviewed?

Describe the type and amount of work guidance you receive from supervisors.

Employee Signature

Date

Supervisor/President signatures are not required. However, we recommend you review this completed form with your supervisor and/or President so they are aware the request has been submitted and the review is in process.

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| Immediate Supervisor or First Level Manager |
| _____ (Signature) |
| _____ (Title) |
| _____ (Date) |

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|------------------------------|
| President or Designee |
| _____ (Signature) |
| _____ (Title) |
| _____ (Date) |