**Request for review of administrative staff job classification**

**Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Factor to be reviewed** | **Changes/Additions to Factor** |
| **Complexity & Judgement** |  |
| **Education** |  |
| **Experience** |  |
| **Initiative & Independence of Action** |  |
| **Potential Impact of Decisions** |  |
| **Contacts & Working Relationships** |  |
| **Character of Supervision** |  |
| **Span of Control** |  |
| **Physical/Sensory Demand** |  |
| **Working conditions** |  |

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Supervisor)