

CLASSIFICATION REVIEW SUPPLEMENTAL QUESTIONNAIRE

(To be completed by the supervisor or manager)

Employee's Name: _____

Current Classification (payroll title): _____

1. What prompted the changes to the position and the request for classification review?

2. Describe how the job has changed.

A. Identify the responsibilities that have been added (include dates if applicable). Provide example(s) that best exemplify the position's level of authority, independence, innovation, and special skill requirements.

B. Identify the responsibilities that have been expanded or evolved (include dates if applicable). Provide example(s) that best exemplify the position's level of authority, independence, innovation, and special skill requirements.

C. Identify functions or responsibilities that have been deleted (include dates if applicable).

3. Identify positions in your department and/or UCSC overall that are comparable. Please provide the name(s) and classification(s) and departments of the incumbent(s)

<u>Name</u>	<u>Classification</u>	<u>Department</u>

4. Please provide any additional information you believe is important to this review.

Supervisor's Signature: _____

Date: _____