

SUPERVISORY BARGAINING UNIT

Request for Classification Review

Union Representative:

Date:

In accordance with Article 19.1 of the Supervisory Bargaining Unit Contract, APEA/AFT requests a review of the classification of the position held by the employee indicated below:

Employee	Position
Name:	PCN:
Phone:	Class Title:
E-mail:	Division:
Location:	Department:

Employee's Supervisor:

Name:	Title:
Phone:	E-mail:

Employee's description of the position.

- 1) The reason for filing this request is:
- 2) The duties of this position ☐ have **or** ☐ have not changed from those described in the official Position Description at Employee Records.
If they have changed, describe the cause(s) of the change(s) and when the change(s) occurred.
- 3) The main purpose of this position, or the reason the position exists, is:
- 4) I am currently responsible for performing the duties described below:
Include the frequency with which each duty is performed and the normal amount of time spent on each occurrence (for example, done once every two weeks and usually takes four hours).
- 5) As a regular part of my duties I take the actions and make the decisions listed below, without obtaining prior approval from a higher level employee:
Include how frequently each action is taken or decision made.
- 6) I supervise the position(s) listed below:
Include the PCN, Class Title, Position Status (full-time, part-time, etc.), and whether the position is filled or vacant.
- 7) To perform the duties described above, I am required by state or federal law or regulation to have the license(s), certification(s), or training listed below: