

THE UNIVERSITY OF BRITISH COLUMBIA
HUMAN RESOURCES

REVIEW OF POSITION QUESTIONNAIRE FORM

Name of Employee: _____

Current Classification _____

Funding: Budget Grant Self-Supporting

TO BE COMPLETED BY HEAD OF DEPARTMENT OR DESIGNATE

(For additional comments, please use reverse side of this form)

1. Do you consider that there are grounds for reclassification? Please indicate in what way the responsibilities, skills required or knowledge required have increased or decreased to warrant a change in the present classification. Approximately when did the change take place?

2. Please supplement or qualify any of the statements on the Employee's Position Questionnaire where you think necessary:

3. General remarks by Department Head:

Date: _____ Signed: _____

Phone: _____