

Position Review Request

Date

[Click to select date](#)

Your Name

Campus/
Dept

☐ Check This Box if Your Review Request is For an Individual Employee; complete section I below.

☐ Check This Box if Your Review Request is For a Category of Personnel; complete section II below.
(i.e. all wrestling coaches, all attendance clerks...etc)

☐ Check This Box if Your Review Request is For Stipends; complete section III on page 2.

Review Request for Individual Employee

Section I

Employee Name	Recommended Increase in Daily Rate or Annual Salary If None-Leave Blank	Recommended Increase to Pay Grade If None-Leave Blank	Recommended Increase in Days per Year If None-Leave Blank
Justification and Other Information			

Review Request for Category of Employee

Section II

Category (i.e. all counselors)	Recommended Increase in Pay Grade
Justification and Other Information	

Date

Click to select date

Your Name

Campus/
Dept

Review Request for Individual Employee Stipend

Section III

Employee Name or Employee Group	Recommended Annual Stipend Change
Justification and Other Information	

For Human Resources Use Only