

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Extension: \_\_\_\_\_

Select the reason for this request: *(A Position Review Form does not need to be completed for temporary positions and replacement positions in which there are no changes in responsibility.)*

Job Reclassification    Replacement Position    Promotion    New Position    Other

**Section A: General information**

Department: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Current Position: \_\_\_\_\_ Current Salary: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Proposed Position: \_\_\_\_\_

**Section B: Statement of Request and Documentation**

Provide justification and your goals for the outcome. Include a recommended increase if applicable.

Highlight changes from the existing position to the new position; explain the scope and the impact of these changes.

List any comparable position or positions with similar scope and accountability within and/or outside of your department.

*Please send this form with a job profile and organization chart of your area to [lorid@brandeis.edu](mailto:lorid@brandeis.edu). If you have any questions, call Lori Dougherty at 781-736-3653. Thank you.*