

Request for Review of Changed Job Duties

Employee Name: _____ Work Telephone: _____

Job Title: _____ Supervisor Name: _____

Department or School Name: _____

What specific duties need to be changed, added or deleted on your job description to accurately reflect what you do? *If no changes are required, please state "none" then sign the form and give to your supervisor.*

How would you change your job description to reflect the changes in job duties?

To your knowledge have other employees under this job description experienced the same changes?

Have you discussed these job duty changes with you supervisor?

Employee signature: _____ Date: _____

Supervisor's Comments: Do you agree with the above statements? Please give reasons.

Supervisor signature: _____ Date: _____

Please forward this form to the attention of the **Joint Job Evaluation Maintenance Committee** c/o the School District Administration office by **May 1, 2015**. You will be notified by the JJEMC if further information is required or if a decision is made that affects your job description or pay rate.