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**Semi-Annual Position Re-evaluation Request Form**

Position re-evaluation requests are reviewed two times annually. To participate in this process, please follow the instructions below:

* A collaborative discussion between employee and supervisor should take place.
* All request forms must have a red-lined copy of the original PD (use the *Track Changes* feature in Microsoft Word). Please submit the red-lined PD as a word document and not as a PDF.
* This form should be completed by the supervisor, signed by the division lead and submitted via email to your HR Business Partner.
* The manager will receive notification of results (including effective date for any change in title, grade or compensation).
* Please note, only one re-evaluation per position is permitted in a 12-month period.
* For more information, please visit <http://www.xavier.edu/hr/classcomp/salary-structure>

**Please complete the information below:**

**Name of incumbent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current position title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current salary grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **Reason for Re-Evaluation:**  **Please check the appropriate box** |
| □ **Review title only –** request is for a title change only for the incumbent  □ **Review position and title** –position description is changing more than 30%; request is for a review of the position’s title and grade (promotion dollars)  □ **Review of incumbent’s position in range** – position description is not changing more than 30%; request is for a review of the incumbent’s position in their current range (structural dollars) |
| **Re-Evaluation rationale: Provide information/background on why this request for change is being made.** |
|  |
| **Supervisor signature Date** |
| **Division lead signature Date** |