



**INSTRUCTIONS:** When completing this form, please ensure that your answers give a clear and concise understanding of the duties and responsibilities involved in this position. The information provided will play a critical role in job description development and job evaluation, including any compensation review. Attach a copy of the organizational chart and the agency's position description or job profile. If you have any questions, please contact Human Resources.

### GENERAL INFORMATION

Agency name	Agency number	
Job profile title	Job profile	Position number
Primary contact name	Phone	Email
Primary contact title	Date of request	

### QUESTIONS 1-7

1. **Describe why you are requesting a review of the management level.** (Provide specific duties and responsibilities of the position that impacts the assigned management level.)

Current management level:	Proposed management level:
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2. **Does this position supervise (including approval of leave and completion of performance evaluations)?**

☐ Yes ☐ No

If no, proceed to Question 3.

If yes, do any of the employees supervise others? ☐ Yes ☐ No

If yes, attach a high-level organizational chart to this form identifying the job profile name, job code and management level of each subordinate staff that supervises within the chain of command for this position.

3. **Does the agency have other positions assigned to the job profile being reviewed?**

☐ Yes ☐ No

If no, proceed to Question 4.

If yes, how will a change in the management level affect the other position(s), including any action taken by the agency?

4. **List the program(s) assigned to this position, including the assigned scope of responsibility:**

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5. Total number of staff within the position's chain of command:

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6. Total budget (payroll, operating and program) responsibility within the position's chain of command:

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7. Add information to clarify the nature and scope of the position and the reason for a change in the management level:

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## SIGNATURES

With my signature below, I am verifying the accuracy of the information I have provided on this form.

Name of person requesting review:

Title:

Signature of person requesting review

Date

Name of HR director:

Agency HR director signature

Date

## FOR HCM USE ONLY

Management level:

Date: