

UNIVERSITY OF MASSACHUSETTS
REQUEST FOR "OFF-CYCLE" REVIEW

Appendix #3

INSTRUCTIONS: Send to appropriate administrative officer who will forward to Manager of Classification and Compensation if approved.

State Title: _____

Working Title: _____ Date: _____

Incumbent(s): _____ Department/Division: _____

Complete this form if the description must be evaluated apart from the regularly scheduled review of positions in your department. To ensure consistent evaluation, it is important to review all positions within an area simultaneously. In most cases only new or changed positions for which openings exist, or changes due to major reorganizations will be reviewed off-cycle.

1. Is this a new position? ☐ Yes ☐ No
(attach position description)

2. Is this a revision of an existing position? ☐ Yes ☐ No
(attach revised and former position descriptions and a completed position description worksheet)

3. Does this position replace an existing description? ☐ Yes ☐ No
If yes, former title: _____

4. If this is a new position or if there is a change in this position,
does it significantly change any other position(s) in the department? ☐ Yes ☐ No
If yes, please comment: _____

5. If this is an existing position that has changed significantly, please summarize the difference between this position description and the former description:

6. Identify the reasons why this position has been created or changed (e.g. reorganization of functions, changes in work volume, etc.):

Manager/Supervisor _____ Date _____

Department Head _____ Date _____

Administrative Officer _____ Date _____

HUMAN RESOURCES USE ONLY

Date Request Received _____

Request for Review is ACCEPTED _____

DENIED _____

POSTPONED _____