

UNIVERSITY OF MASSACHUSETTS  
REQUEST FOR "OFF-CYCLE" REVIEW

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 \_\_\_\_\_