

**Request for Position Review**

**Mount Allison Staff Association Positions**

This form is to be initiated by an employee and or manager to request a job evaluation review as a result of changes to the responsibilities of a position. A revised position description, signed by the incumbent and the manager, should be provided to the Director of Human Resources no later than six (6) weeks from the date that this form was initiated.

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**Department**

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**Position Title**

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**Position Incumbent**

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Incumbent

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Date

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Manager

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Date

A copy of this form is to be sent to the Human Resources Department after it is signed.

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