



**UMOR Classification and Equity Review Form**

*Information required from units for consideration of a reclassification or equity adjustment.*

<b>SECTION 1 – GENERAL INFORMATION</b>	
Name and title of the person submitting this request:	
Employee name:	Current market title:
Current working title:	Current salary:
Reason for Request: (Select One)	<input type="checkbox"/> Reclassification <input type="checkbox"/> Equity Review
<b>SECTION 2 – SALARY INFORMATION</b>	
<b>If you are requesting a salary review, please answer the following questions:</b>	
Is this an equity review or a salary review related to reclassification?	
<input type="checkbox"/> Equity Review	<input type="checkbox"/> Reclassification
Is this a reclassification request that changes the incumbent from "non-exempt" to "exempt" status? *	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe the reason why you believe that the current salary is inappropriate: (Please attach additional documents/pages to this request as needed and submit one PDF document.)	
If you have a target salary in mind, please indicate the suggested salary here:	
Has the incumbent had satisfactory performance evaluations for a minimum of three (3) years? Please note that by selecting yes you are affirming that you have reviewed department HR files for the incumbent.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>SECTION 3 – CLASSIFICATION INFORMATION</b>	
<b>If you are requesting a review of the position classification, please answer each of the following questions. If not, please skip to Section 4.</b>	
Why do you believe the current classification is inappropriate? (Please attach additional documents/pages to this request as needed and submit one PDF document.)	
Proposed classification, include title and job code if known. (Use the following website for information: <a href="http://careernavigator.umjobs.org/">http://careernavigator.umjobs.org/</a> )	
Are there other people within your unit or elsewhere at UM doing similar work? If so, please provide names and classifications.	



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Please submit the most recent job description for this position that is reflective of its current classification. Please also complete an updated [position description form](#) that reflects the additional and/or expanded duties currently being performed in the position. Be sure to assign % effort to each group of duties.

Please describe what has caused the change in duties for this position? (Please attach additional documents/pages to this request as needed and submit one PDF document.)

Is there supervisory responsibility assigned to this position?

Yes

No

If yes to previous question, please provide the number of people supervised by the incumbent, the title of those being supervised and whether they are regular or temporary staff:

**SECTION 4 – STRATEGIC STAFFING QUESTIONS**

Why is it in the best interests of the unit to make this change in classification and/or salary? (Please attach additional documents/pages to this request as needed and submit one PDF document.)

Will this change create an inequity with any other positions within your unit?

Yes

No

If yes, how do you propose to reconcile this issue?

What is the source of funding to support any recommended change in salary?

Do you have budget approval from UMOR? Please attach documentation or identify the budget meeting when discussed or approved.

**TO BE COMPLETED BY UMOR HR:**

Approved New Title:

Approved New Salary FTR:

Effective Date of New Title and/or Salary Rate:

HR Approval Signature:

Date: