

STAFF POSITION REVIEW QUESTIONNAIRE (PRQ)

Section I. Type of action being requested (Select One)

Classification for posting
 New Vacant

Reclassification of filled position
 Approximate date additional duties were assigned*: _____

* For evaluation purposes only. Not intended to result in retroactive pay.

In-Range Adjustment: *(Please list the additional duties and increased responsibilities in section IV)*

Temporary Continuous

Approximate date additional duties were assigned*: _____

Estimated duration of the assignment: _____

* For evaluation purposes only. Not intended to result in retroactive pay.

Section II. Background information regarding this request

Address the business need that prompted the request and provide any supporting information that will be useful in review of the request.

Section III. Position and Incumbent Details

a) Incumbent Details (if filled):

Employee Name		UNM ID No.	
Current Salary/Hourly Rate		Proposed Salary/Hourly Rate	Proposed % Increase

b) Position Details:

Position Number		Org Code		Department Name	
Supv of Record				Supv Banner Title	
Current Classification Details			Proposed Classification Details		
PClass Title				PClass Title	
PClass Code		Grade		PClass Code	Grade

Section IV. Duties and Responsibilities

In your own words, list the main duties and responsibilities in enough detail to give a clear understanding of the work. Indicate the approximate percentage of time spent on each. Do not include any duties which require less than 5% of the position's time.

	DUTY/RESPONSIBILITY	% OF TIME
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.	Performs miscellaneous job related duties as assigned.	
	TOTAL	100%

Section V. Supervisory and Financial Oversight**a) Supervisory Responsibility**

- This position does not supervise
- No true supervisory duties; however, this position may be responsible for providing leadership/guidance to staff and/or students. # of staff _____ # of students _____
- This position does supervise* staff and/or students: # of staff _____ # of students _____
- *(includes recommendations for hiring, firing, performance evaluation, training, work allocation, and problem resolution)*

b) Financial Accountability

- None
- Track/reconcile Total \$ Value
- Approval authority to commit funds Total \$ Value

Section VI. Required Signatures/Acknowledgement**EMPLOYEE ACKNOWLEDGEMENT***(Signature required for reclassification and in-range adjustment ONLY)*

I certify I have reviewed the questionnaire, and the entries made above are my own, and to the best of my knowledge accurate and complete:

(PRINT NAME AND TITLE)

(SIGNATURE)

(DATE)

LEADERSHIP SUPPORT AND APPROVAL*(Signature(s) required for reclassification and in-range adjustment ONLY)***a) Supervisor's Support**

(PRINT NAME AND TITLE)

(SIGNATURE)

(DATE)

b) Manager's Support

(PRINT NAME AND TITLE)

(SIGNATURE)

(DATE)

c) Initiated by Employee Relations/Shared Services Consultant with the knowledge of management.

(PRINT NAME AND TITLE)

(SIGNATURE)

(DATE)

d) Dean, VP, or equivalent approval (or designee)

I support and approve this request

I do not support this request

(PRINT NAME AND TITLE)

(SIGNATURE)

(DATE)

STAFF POSITION REVIEW QUESTIONNAIRE (PRQ)**REVIEW AND CERTIFICATION***(For internal HR use only)*

The outcome of the review may differ from the initial request depending on the analysis conducted. If the requested outcome differs, HR will communicate back to the department prior to sending out an official notification.

The incumbent meets the minimum qualifications of the proposed title

The request is within compensation guidelines Approved % _____

Equal opportunity review completed:

Number of eligible incumbents: Single incumbent position Multiple incumbent position _____ Incumbents

If more than one eligible incumbent, how was the current incumbent selected for this opportunity?

Consultant Notes:

Review conducted by:

(PRINT NAME AND TITLE)

(SIGNATURE)

(DATE)