



Student Success and Well-Being

Job Assessment Questionnaire Justification

Name of Department: _____

Action: _____

Check all that apply to requested action:

Change to general responsibilities section

Change of supervisor or subordinates

Adding, removing, or modifying specific duties

Change of physical or mental qualifications

Changing percentage of time to specific duties

Other: _____

Change of monetary, public contact, or confidential data

Justification for Action:

Reminder: If **action** is a PD Reclass/Establishment or a PD Update that changes the supervisor or subordinates you must include a current organizational chart and a proposed organizational chart assuming the requested action is approved. The organization charts must include the employee name, title, and position number.

DDDH or AVP Signature:

David Pavlannis, Wendy Michaud or Andrew Diehl