**Staff Job Review: Signature Page**

Employee Name:

By signing below, I am confirming that I have reviewed this request for a Staff Job Review and I concur/do not concur with this request being forwarded to Classification. This Signature Page must be retained by Unit HR (if it is not submitted with the Staff Job Review Packet).

**Department/Division Head (Budget Administrator)**

*Please check all that apply.*

[ ]  I concur.

[ ]  I do not concur. (Return packet with comments to Manager and forward a copy to HR)

[ ]  Sufficient departmental funds are available to cover the cost if the outcome of the job review warrants a salary adjustment.

[ ]  Sufficient departmental funds are **not** available to cover the cost if the outcome of the job review warrants a salary adjustment.

[ ]  I do not anticipate the need for funding for the following reason:

[ ]  The position is vacant.

[ ]  I expect the position to be downgraded.

[ ]  Other (Please explain.)

 Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name and Title: |  | Date: |  |
| Signature: |  |

**Academic/Administrative Unit Executive (Budget Executive)**

*Please check all that apply.*

[ ]  I concur.

[ ]  I do not concur. (Return packet with comments to Department/Division Head and forward a copy to HR.)

[ ]  I concur that sufficient funds are available if needed.

[ ]  I do not concur that sufficient funds are available.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name and Title: |  | Date: |  |
| Signature: |  |

**Unit Human Resources**

[ ]  I concur this request is in line with unit workforce planning goals, the Job Review Packet is complete, and that appropriate approvals have been obtained.

[ ]  I do not concur.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name and Title: |  | Date: |  |
| Signature: |  |