**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 Compensation and Classification. This Signature Page should be retained by Unit HR and does not need to be sent with the 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: |  |