***To be completed by HR with Leader and attached to the Workday request***

|  |  |  |  |
| --- | --- | --- | --- |
| HR Partner Contact: |  | Original Requestor: |  |
| Date of Request: | Click or tap to enter a date. | Requested Effective Date (if needed):  *(If not specified, the effective date will be the beginning of a pay period following committee review)* | Click or tap to enter a date. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 1: General Information** | | | | |
| What prompted the need for this request? |  | | | |
| What existing job profile does this job most align to? | Job Code: |  | Job Profile Name: |  |
| What makes this job different? |  | | | |

|  |  |
| --- | --- |
| **What are you requesting to change?**  **(Please check all that apply)** | |
| **Job Title:** | Complete Section 2 |
| **Job Summary:** | Complete Section 3 |
| **Responsibilities:** | Complete Section 4 |
| **Minimum Qualifications (License/Education):** | Complete Section 5 |
| **Experience:** | Complete Section 6 |
| **Reporting Structure:** | Complete Section 7 |

|  |  |
| --- | --- |
| **SECTION 2: Job Profile Title**  **Please insert requested Job Title as it should appear in the Job Description.** | |
| Job Profile Title: |  |

|  |
| --- |
| **SECTION 3: Job Summary**  **Please insert the corrected Job Summary using 1-3 sentences as it should appear in the Job Description.** |
|  |

|  |
| --- |
| **SECTION 4: Primary Responsibilities**  List 4-10 duties/responsibilities in order of importance to the job. Duties that take less than 10% of the incumbent’s time should not be listed as an essential function. |
| PRIMARY RESPONSIBILITIES |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 5: Minimum Qualifications**  **Licenses, certifications, and registrations must be a regulatory requirement. DO NOT list preferences.** | | | |
|  | **Minimum Required** | **Specialty (Education Only)** | **Issuing Authority** |
| Education: |  |  |  |
| Licensure: |  | |  |
| Certification(s) / Registration(s): |  | |  |

|  |  |  |
| --- | --- | --- |
| **SECTION 6: Experience**  Indicate the minimum number years of experience required for the job and list any specific language, if needed. | | |
| # Years of Experience: | 0  1  2  3  4  5  7  10 | Specific language (if needed): |
| # Years of Leadership Experience: | 0  1  2  3  4  5 | Specific language (if needed): |

|  |  |
| --- | --- |
| **SECTION 7: Reporting Relationships**  **Indicate the new reporting relationship.** | |
| What job profile will this job report to? |  |
| How many direct reports will this job have? | 0  1-5  6-7  8+ |
| What are the Job Title(s) of Direct Reports? |  |
| What are the Job Title(s) of Peers? |  |

***To be Completed by Compensation:***

|  |  |  |
| --- | --- | --- |
| **RECOMMENDATION SUMMARY** | | |
| Notes: | | |
| Job Title: |  | |
| Recommended Grade: |  | |
| FLSA Status: | Exempt  Non-Exempt | |
| Management Level: |  | |
| Job Level: |  | |
| Job Family Group: |  | |
| Job Family: |  | |
| Job Category: |  | |
| AAP Code: |  | |
| EEO1 Job Category: |  | |
| NLRB Code: |  | |
| Safety Sensitive: | SSR  NSSR | |
| Band: |  | |
| Workers’ Comp Code:  *(Select* ***MAIN WC Code Only****)* | 8833  8835  8810  8871  8832  4511  8829  7705  Other: | |
| **Compensation Consultant Name** | | **Date** |
|  | | Click or tap to enter a date. |