

**RIM OF THE WORLD UNIFIED SCHOOL DISTRICT
CLASSIFICATION REVIEW FORM**

Name _____ Date _____

Social Security Number _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Current Job Title _____

Current Job Location _____ Hours Per Day _____

Requested Classification and/or Title Change _____

Please state reasons for change in classification and/or title in one or more of the following four categories related to job evaluation. (See attached Rim of the World Job Evaluation Criteria.)

1. Knowledge: (Level of education and skills needed to satisfactorily do the job)

2. Complexity: (Number, variety and difficulty of tasks, daily routine)

3. Accountability: (Responsibilities for assets, people, program, supervision, personal contact, coordination and organization)

4. Working Conditions: (Physical strengths, working environment, physical exertion, dangerous conditions/substances, use of equipment, time demands)

Signature_____Date_____

Supervisor's Signature_____Date_____

-PLEASE SEND COMPLETED FORM TO PERSONNEL SERVICES-