

**CORNELL UNIVERSITY  
STAFF COMPENSATION PROGRAM  
POSITION EVALUATION AND ANALYSIS REQUEST FORM**

Prior to completing this form, please review the [Position Evaluation and Analysis Process](#).

The incumbent and/or supervisor should complete and sign this form for position evaluation and analysis review along with the revised Staff Position Description. *(Please note that the final position classification decision will be made in conjunction with the College/Unit HR Representative and/or the supervisor and when appropriate Compensation Services.)*

Today's Date: \_\_\_\_\_

**PLEASE CHECK ALL APPLICABLE BOXES:**

<input type="checkbox"/> <b>GROWTH/CHANGE IN RESPONSIBILITIES</b>	<input type="checkbox"/> <b>WORKLOAD UN-MANAGEABLE</b>
Current Incumbent:	
Current University Job Title:	Current Pay Band:      FLSA: NEX      EX
Proposed University Job Title:	Proposed Pay Band:      FLSA: NEX      EX
College/Unit:	Department:
Supervisor Name:	Supervisor Title:

**To be completed by incumbent (If supervisor is initiating review, please complete next section):**

Briefly explain if and/or how the position has changed and provide specific examples (please note that the <u>staff position description (SPD)</u> should explain this information in detail, showing percentage of time spent on responsibilities):

Describe any new or additional responsibilities assigned or changed (month/year)?

Describe any responsibilities removed or re-assigned to others in the department? When were these changes made?

Incumbent Comments (please add any additional pertinent information):

*The signature below attests that the above is true and accurate:*

\_\_\_\_\_  
Incumbent's Signature

\_\_\_\_\_  
Date

**To be completed by supervisor:**

Briefly explain if and/or how the position has changed and provide specific examples (please note that the staff position description (SPD) should explain this information in detail, showing percentage of time spent on responsibilities):

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Describe any new or additional responsibilities assigned or changed (month/year)? (Please note that both the supervisor and the current incumbent should be involved in documenting the position content.)

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Describe any responsibilities removed or re-assigned to others in the department? When were these changes made?

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Supervisor Comments (please add any additional pertinent information):

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*The signature below attests that the above is true and accurate:*

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

*The above information has been reviewed by:*

\_\_\_\_\_  
College/Unit Representative's Signature

\_\_\_\_\_  
Date

*This signed form must be submitted to your College/Unit Human Resources Representative along with the revised Staff Position Description and supporting documents.*

Required for each step include a CC: [hrsspositioneval@cornell.edu](mailto:hrsspositioneval@cornell.edu) (Compensation Services)