

LOCAL 6070 POSITION REVIEW FORM

Name \_\_\_\_\_

Current Classification (circle one)

MSWI      MSWII MSWIII      MSWIV      CT1    CT2    CT3

Proposed Classification (circle one)

MSWI      MSWII MSWIII      MSWIV      CT1    CT2    CT3

Current Job Title \_\_\_\_\_

Shop/Department \_\_\_\_\_

Campus (circle one) UAA    UAF    UAS    Remote \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Supervisor's phone number \_\_\_\_\_

Employee Signature \_\_\_\_\_

Submittal Date \_\_\_\_\_

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Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
for receipt of form

Member and Supervisor review date \_\_\_\_\_

Supervisor Recommends \_\_\_\_\_ Supervisor Does Not Recommend \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date Submitted to Director \_\_\_\_\_

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Director Approves \_\_\_\_\_ PCN \_\_\_\_\_ Effective Date: \_\_\_\_\_

New Classification: \_\_\_\_\_

Director Denies \_\_\_\_\_

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Director Signature \_\_\_\_\_ Date: \_\_\_\_\_



### Section 3– Guidance and Authority

Circle the description below which most accurately describes the job and the supervision it receives:

a.