



Position Description Checklist and Questionnaire

The purpose of this form is to provide contextual information on a position request to the Compensation team in order to help expedite the classification process. For example, what changes have taken place in the unit that require a new or revised position.

Reclassification

Reclassification requests are reviewed and approved outside of Workday, prior to being submitted in Workday for processing. Reclassification is the review of a position's classification due to a permanent change to the job description. If you are looking for the reclassification process, please visit the [Staff Reclassification](#) page.

When you're ready to submit the Position Description in Workday for Reclassification, check off the box below and attach this form (the rest of the form can remain blank).

I acknowledge that this Reclassification request has already been submitted and approved outside of Workday.

Other Position Requests

For all position requests other than Reclassification requests, please fill out the remainder of this form. Other requests may include brand new positions or revisions to existing positions.

I acknowledge that the position's manager and departmental Finance are aware that a new position or position revision is being submitted.

General Context	
Best contact for more information	
Purpose of position:	<div><div>New project</div><div>New responsibilities</div><div>Re-org/restructure</div><div>Replicate existing position in unit</div><div>Vacancy</div></div>



Will other positions be impacted by this review? <i>For example, if this request is part of a unit-wide review.</i>	Yes No If yes, include all affected position numbers:
Is the submitted position description based on an existing position?	Yes No Position number: _____ Position Title: _____
Comparable Positions	
Position numbers, or titles & departments	
In what way do you think they are comparable	

Complete the remainder of this form, depending on whether the request is for a new position, or revisions to an existing position.

For New Positions Only	
Is there an incumbent in mind?	Yes No If yes, indicate name:
Are the new responsibilities new to the department?	Yes No If no, who had these responsibilities before?
Is there any additional information we should be aware of which will help us understand the role better?	



For Position Revisions Only	
What has been changed? Check all that apply.	Responsibilities and accountabilities Department name Reporting relationship Location Business Title Formatting Qualifications Others (please explain – e.g. FTE, funding, etc.)
Are the new responsibilities new to the department?	Yes No If no, who had these responsibilities before?
What caused these changes?	
Is there any additional information we should be aware of which will help us understand the role better?	