REQUEST FOR PIQ REVIEW

REASON FOR REQUEST:

☐ New position to be evaluated and slotted into pay grade.

☐ Review of PIQ requested by employee for possible upgrade. (Justification required)

☐ Review of PIQ requested by supervisor/manager for possible upgrade. (Justification required)

☐ PIQ being updated due to changes in job duties. No pay grade change anticipated.

PROCESS:

- All PIQ review requests must be submitted to the Director of Human Resources. In each case, the Director will conduct an evaluation of the position using the classification system’s job factoring formula, and will recommend to the Executive Staff a specific pay grade to be assigned to the position. The Executive Staff will make the final determination of where the position will be slotted.

- Supervisors must verify the accuracy of the PIQ, even if a PIQ review is initiated by the employee.

INSTRUCTIONS:

New Position: When a new classified position is created or proposed, the supervisor/manager must submit a completed PIQ.

Review for Possible Upgrade: When an employee or supervisor requests a PIQ review for a possible upgrade, a justification must accompany the request. The employee or supervisor must also submit a revised PIQ clearly indicating what has changed (either by using “Track Changes” in a Word document or by highlighting the changes on the existing form).

Change of Job Duties: When a PIQ is being updated because the job duties have changed, the employee or supervisor must submit a revised PIQ clearly indicating what has changed (either by using “Track Changes” in a Word document or by highlighting the changes on the existing form).
JUSTIFICATION FOR POSITION UPGRADE

Date: ___________________

Name of Employee: ____________________________________________

Name of Supervisor: ____________________________________________

Current Pay Grade: __________

Department: _________________________________________________

Please explain how this position has changed. Changes must be clearly marked on the revised PIQ.

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Employee’s Signature: ___________________________ Date: ________________

Supervisor’s Signature: ___________________________ Date: ________________

Name and signature of head of department (typically, Director):

______________________________________________________

(Name – please print)  (Signature)  (Date)

Revised 6-24-2013