

PROFESSIONAL STAFF POSITION REVIEW EMPLOYEE SIGNATURE FORM

This form must be completed when requesting that the Compensation Office review an occupied contract classified or classified non-union position for placement in the UW Professional Staff Program. The Document Checklist below identifies the completed forms that must be submitted as part of the position review process.

The Professional Staff Position Description Form or Research Scientist/Engineer Job Questionnaire was completed by the:

Employee **and/or** Supervisor

Document checklist

<input type="checkbox"/> Professional Staff Position Description Form plus: <ul style="list-style-type: none"> • Professional Staff Compensation Change Request Form • Research Activities Form (if applicable) • Employee Signature Form 	OR	<input type="checkbox"/> Research Scientist/Engineer Job Questionnaire plus: <ul style="list-style-type: none"> • Professional Staff Compensation Change Request Form • Research Scientist/Engineer Job Questionnaire • Employee Signature Form
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Employee & supervisor signatures

I have reviewed the position description/questionnaire and agree that it is a complete and accurate description of my current duties.

Employee Name	Employee Signature	Date
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Employee comments: Optional – to provide information not addressed elsewhere.

I have reviewed the position description/questionnaire and agree that it is a complete and accurate description of the position's duties.

Supervisor Name and Title

Name: _____ Title: _____

Supervisor Signature	Date
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Supervisor comments: Optional – to provide information not addressed elsewhere.