



Professional Staff Position Review Employee Signature Form

Instructions

This form must be completed when requesting that the HR Compensation Office review an occupied contract classified, classified non-union, or represented civil service exempt staff position for placement in the UW Professional Staff Program. This form is not required for a position already in the Professional Staff Program. The document checklist below identifies the completed forms that must be submitted as part of the position review process.

This position review was initiated by: Employee or Supervisor

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

	Employee	and/or	Supervisor
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Document Checklist

In addition to this form, the following documents may also be required:

Professional Staff Compensation Change Request Form

Professional Staff Position Description Form (or Research Scientist/Engineer Questionnaire if applicable)

Employee and 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 _____

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 Job Profile

Supervisor Signature _____ Date _____

Supervisor Comments (optional, to provide information not addressed elsewhere):

If an accommodation is needed in the completion and submission of this form, please contact the sponsoring unit.

Human Resources Compensation Office | Campus: uwhrcomp@uw.edu | Medical Centers: medcomp@uw.edu

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