JOB EVALUATION FORM

Instructions
1. Complete this form for a job which is new or has significantly changed in order to ensure it is reviewed and classified appropriately.
2. Attach the job description in Word format and organizational chart if available.
3. Submit documents to hr@cu-portland.edu for evaluation.

POSITION INFORMATION

Department Name	Requested Position Title	

Supervisor	Department Location	Building/Work Space
	[ ] Main Campus [ ] Idaho Campus [ ] CRC Campus [ ] Remote	

Position Status	Position Type	Estimated Work Hours Per Week
[ ] New Job [ ] Existing Job with Change Past/Current Incumbent(s) if Filled: _____	[ ] Permanent Full-Time [ ] Permanent Part-Time [ ] Temporary Full-Time [ ] Temporary Part-Time	[ ] 40 [ ] 28 [ ] 20 [ ] Other _____

Purpose of new or restructured position (*what has changed*)

Position(s) that performed these new or changed tasks until now (*who is work transferring from*)

Position(s) that frequently interact with this position (*primary colleagues*)

Position(s) that may be comparable (*internal and/or external*)

Alignment with Concordia University's mission and vision (*connection*)

Notes

_____   _____   _____
Hiring Manager Name   Hiring Manager Signature   Date

_____   _____   _____
Cabinet Member Name   Cabinet Member Signature   Date

JOB EVALUATION RESULTS

Function	Family	Discipline	Level

Position Type		Benefits Eligibility	Exemption Status
[ ] Cabinet [ ] Staff [ ] Intern [ ] Faculty [ ] Student Worker [ ] Volunteer [ ] Contractor		[ ] Full [ ] Partial [ ] n/a	[ ] Exempt [ ] Non-Exempt

Pay ID	Employee Classification	Market Range	Internal Range

Recommended Starting Pay	Estimated Tax & Benefits Cost	Other Cost	Estimated Annual Cost

Recommended Title(s)

Notes

_____

HR Approver Title   HR Approver Name

_____

HR Approver Signature   HR Approver Date