

EMPLOYEE POSITION AUDIT REQUEST

Name: _____

Agency/Department: _____

Immediate Supervisor: _____

Office Address: _____ Office Phone No: _____

Current Classification: _____

Where Audit Forms are to be Mailed: _____

Explain why you feel your position is not properly classified. Which of your current duties and **responsibilities are not appropriate** to your assigned classification? Include an estimate of the percent of time spent performing these duties and responsibilities. (Extra sheets of paper may be attached if there is not enough room. Please indicate the number of attachments to this sheet.)

Employee's Signature: _____ Date: _____

Return this form within 30 days of receipt to: **Jan Puterbaugh, Human Resource Representative**
Employee Relations Division
Human Resources Department
9th Floor - County Administration Building