

# EMPLOYEE POSITION AUDIT REQUEST FORM

Name: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Phone No: \_\_\_\_\_

Current Classification: \_\_\_\_\_

Where Audit Forms are to be Mailed: \_\_\_\_\_

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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.)

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form within 30 days of receipt to:

Human Resources Department  
Administration Building  
451 W. Third St., 9<sup>th</sup> Floor  
Dayton, OH 45422