



EVERETT ASSOCIATION OF OFFICE PROFESSIONALS

#1102

EVERETT PUBLIC SCHOOL DISTRICT # 2

WE MAKE IT HAPPEN!

JOB DESCRIPTION REVIEW AND RECLASSIFICATION REQUEST FORM

Name of Employee: _____

Current Position Title: _____

Current Classification on Salary Schedule: _____

Name of Supervisor: _____

What date did you discuss the review with your supervisor? _____

Is there a current position/classification on the EAEOP pay scale that fits your
work? YES ☐ NO ☐

If YES, what classification are you requesting?

If NO, what precisely are you requesting?

Please summarize the permanent, substantial changes that have been in your position to prompt the request for a job review. Please identify the date when these changes went into effect. You are encouraged to attach supporting documentation along with this request.

Signature of Requestor: _____

Date: _____