|  |  |
| --- | --- |
| UCSD_Seal | **Request for Classification Supplement – New Position** |
|  |
|  |

**JD Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title Code/Title Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Working Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **SUPPLEMENTAL QUESTIONS – NEW POSITION** |
| **1. What is your reason/justification for this request?** |
| **2. Who was performing this work previously?** |
| **3. How will this new position affect the responsibilities of existing staff?** |

**4. Please provide internal comparisons within your unit or department.**

Compare the type of duties, the level of responsibility and the complexity of this position with that of others in your department, which may include title codes/series other than the one being reviewed. Reference JD Numbers of internal comparisons, where applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title Code | Title Name | JD# | Department Name |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5. Please provide external comparisons across UCSD**.

Compare the type of duties, the level of responsibility and the complexity of this position with that of others across UCSD, which may include title codes/series other than the one being reviewed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title Code | Title Name | JD# | Department Name |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**(your name) (your title) (date)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Completed by Title Date