

CSU DESK AUDIT REQUEST FORM

Date : _____

Employee's Name: _____ UID: _____

Current Classification Title: _____ Department Name: _____

Requested By: Employee Manager Human Resources (Position Review)

Employee Signature : _____ Date: _____

Manager Signature: _____ Date: _____

Once the request has been signed by the employee **and** manager please route to the OHR with a current job description. Manager and employee will be contacted by OHR to schedule an audit orientation once information has been reviewed.

OFFICE OF HUMAN RESOURCES USE ONLY

AUDIT/POSITION REVIEW DETERMINATION

- Functioning in the **correct** classification
- Functioning **below** current classification specifications
- Functioning **above** current classification specifications

Comments Regarding Audit Finding

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Recommended Changes (If findings are below / above current classification):

Audited By: _____ Date: _____