# Student Employee Classification Change Form

Section 1 – Demographics (Student Employee and/or Supervisor)

Student Employee Name: Click or tap here to enter text.

Current Classification/Job Code: Click or tap here to enter text.

Department: Click or tap here to enter text.

Supervisor: Click or tap here to enter text.

Initiated By: Student Employee Supervisor Joint

Date Initiated: Click or tap to enter a date.

Section 2 – Scope/Responsibilities (Student Employee and/or Supervisor)

List up to five most important activities performed. For any new duties since the last classification, indicate the percentage of effort for the new work. The total effort percentage should not exceed 100%. Include job characteristics and the classification that best aligns with the work. New duties should be performed for a sufficient evaluation period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position-Specific Duties | Is this a New Duty? | Job Characteristics (click link below to review)  [Assistant](https://hr.uiowa.edu/careers/student-employment/student-classifications#accordion-item-14536-0)  [Associate](https://hr.uiowa.edu/careers/student-employment/student-classifications#accordion-item-14536-1)  [Lead](https://hr.uiowa.edu/careers/student-employment/student-classifications#accordion-item-14536-2)  [Supervisor](https://hr.uiowa.edu/careers/student-employment/student-classifications#accordion-item-14536-3) | Classification | Overall/Total % of Effort |
| Click or tap here to enter text. | Yes  No | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Yes  No | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Yes  No | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Yes  No | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Yes  No | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

Section 3 – Student Employee Recommendation (Only If Student-Initiated)

Which job classification (current or different) do you feel best matches the changes documented on this form?

* **Proposed Title:** Click or tap here to enter text.
* **Proposed Job Code:** Click or tap here to enter text.
* **This qualifies for:**  
  Promotion to higher level  
  Shift to a different classification in the same or lower level No Change

Section 4 – Supervisor Section

**A: Supervisor Assessment**

Document if and how the student employee has assumed new, changed, or expanded duties and their importance to unit operations. This may include the **performance assessment** covering the last 1–3 months in this section.

Click or tap here to enter text.

**B: Classification Recommendation:**

* **Recommended Title:** Click or tap here to enter text.
* **Recommended Job Code:** Click or tap here to enter text.
* **This qualifies for:**  
  Promotion to higher level  
  Shift to a different classification in the same or lower level No Change

Section 5 – Signatures

By signing below, both parties agree that this form represents an accurate documentation of the work performed.

* **Supervisor Name** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

* **Student Employee Name** Click or tap here to enter text.

**Date:** Click or tap to enter a date.