

DREXEL UNIVERSITY COLLEGE OF MEDICINE Position Evaluation Request for **Modifying an Existing Position**

1. Evaluation Reason	
☐ Change in Duties ☐ Other	
Prepared By	Date Telephone
2. Position Information	
Position Number Effective Date	Supervisor's Position Number
Orgn Name Orgn Number	Suggested Position Group
Does this position have supervisory responsibility?	
If yes, list position numbers.	
3. Comments	
4. Approval	
Cost Center Admin Name Signature	Date
5. HR Use Only	
Position Class Position Title	Range/Hourly Rate
Employee Status:	orary Per Diem
HR Approval Date	