



**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: \_\_\_\_\_