CHICAGO STATE UNIVERSITY

Office of Human Resources (OHR)
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HR@CSU.edu

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: _____

Once the request has been received the OHR will contact the manager and employee to schedule an orientation.