



Unified Government Human Resources Guide

Effective 04-01-05

DESK AUDIT REQUEST FORM

NAME: _____ DATE: _____

CURRENT CLASSIFICATION _____

POSITION INVENTORY NUMBER: _____ OCCUPATION CODE: _____

DEPARTMENT: _____ DIVISION: _____

Full Time Part-Time A B Permanent Temporary Seasonal Union

PROPOSED CLASSIFICATION: _____

Time Spent (%)

Work Performed



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Provide justification for a desk audit request:

Comments of General Supervisor:

Signature of General Supervisor

Signature of Department Head