



## Leech Lake Band of Ojibwe Wage Analysis Request Form

Division:	Date:
Job Title(s) requiring analysis:	
1.)	4.)
2.)	5.)
3.)	6.)
Reason for analysis:	
Findings should be delivered to:	
Contact Name:	Phone:
<input type="checkbox"/> Email:	<input type="checkbox"/> Interoffice Department:
<input type="checkbox"/> USPS mailing address:	<input type="checkbox"/> Other:
Division Director Signature:	Date:

**BELOW FOR HR USE ONLY**

Date request received:	Initials of researcher:
Date request fulfilled:	Method of research:
Date request delivered:	Date of inclusion into database:
Method of delivery:	Job description update required: