**MEMORANDUM**

|  |  |
| --- | --- |
| **To:** | Jessica Knieling  Chief Human Resources Office |
| **From:** | Agency Human Resources Director Name |
| **Agency Name:** | Agency Name |
| **Date:** |  |
| **Subject:** | Request for Delegated Authority – Position Establishments |

AGENCY NAME is requesting the authority to determine classification of positions **being established** without approval from the Department of Administrative Services Chief Human Resource Office (delegated authority). The agency understands delegated authority applies only to those classifications approved by the Chief Human Resource Office and will be reviewed as needed. This delegated authority for position establishments is valid through EXTENSION DATE.

**Conditions for Delegated Authority:**

* The agency Human Resources Director is approved to be the temporary delegated authority to approve position classification determinations for position establishments in the above listed classifications.
  + This delegated authority is non-transferrable.
* The agency Human Resources Director agrees to provide to the DAS Classification and Compensation unit with agency approval determination memorandums and supporting position description with organizational chart. These can be emailed to: [CHRO.CNC@das.oregon.gov](mailto:CHRO.CNC@das.oregon.gov).
* The agency Human Resources Director agrees to keep documentation of all agency approval determination memorandums and supporting documentation, including, position descriptions, organizational charts, and analyses.
* The CHRO will review submissions for appropriate application of classifications, including requesting supporting documentation every six (6) months.
* This delegated authority approval may be revoked at any time.

The agency requests the authority to determine classification of positions being established without approval from the Chief Human Resources Office in the following classifications:

|  |  |
| --- | --- |
| **Job Code** | **Job Profile** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

If the agency agrees to the above terms and conditions, please sign below and email to: [CHRO.CNC@das.oregon.gov](mailto:CHRO.CNC@das.oregon.gov) for review and consideration.

|  |  |
| --- | --- |
| HR Director signature | DATE |
| HR Appointing Authority | Date |