Human Resources

HR

Class/Comp

REQUEST FOR CLASSIFICATION CHANGE

Print Form

FROM (to be completed by manager requesting the change)

Manager/Supv Name _____ Date of Request _____

Phone Number _____ Institution/Facility _____

Functional Unit _____

Action Requested

(Check one)

☐ Establish Position

☐ Abolish Position

Reclassification ☐ Up ☐ Down ☐ Equal

Current Position and Employee Data

Position Number _____ Incumbent _____

Repr Code _____ Class Code _____ Working Title: _____

Classification Title _____ Institution/Facility _____

RDC # _____ Functional Unit/Section _____ Cost Center # _____

Proposed Reclass

Repr Code _____ Class Code _____ Classification Title _____

Required Attachments

All four attachments must be submitted with this form to the Classification Unit at Brentwood, before work on classification will begin.

☐ **Position Description** The position description (PD) submitted will be the position description of record; the PD of record will be used to determine classification change. No other PD will be considered. Therefore, PDs must clearly describe the duties of the position. PDs must be current and up-to-date; signed by the supervisor and appointing authority; not more than one year old.

☐ **Organizational Chart** Show position and at least two levels of supervision above the subject position; identify all other positions directly reporting to the same supervisor; and identify all positions directly supervised by this position.

☐ **Proposed Finance Plan** The manager works with DOC Budget Analyst to draft a finance plan or statement of proposed funding or lack of funding available to support the request.

☐ **Letter of Justification** A narrative describing fundamental changes to position that warrant review, ie: restructure/reorg, supervisory responsibilities, additional duties/assignments. List primary focus and changes to duties that justify proposed reclass.