

MINIMUM QUALIFICATIONS CHANGE REQUEST FORM

To change the Minimum Qualifications of a classification, please complete this form and send it along with the required attachments to:

CHRO.CNC@das.oregon.gov

Instructions: This form must be completed when requesting **permanent** changes to minimum qualifications. Requests to permanently change MQs for classifications used by more than one agency **will require that you gather information representing all participating agencies and submit that information along with this form.**

All supporting documentation should accompany this form. Incomplete submissions will be returned and will delay the process. The request will be analyzed and the results conveyed to you.

Agency Name:		Agency #:	Date:
Requestor:		Phone:	
Class #:	Class Title:		
# of employees in this class in your agency:		Other Agencies?	
<p>Note: If there is more than one agency using the class, a joint request must be submitted that meets the needs of all participating agencies.</p>			
<p>Is this class part of a career path? Yes <input type="checkbox"/> No <input type="checkbox"/> (check one)</p> <p>Career Path is defined as the progression of jobs in an organization's specific occupational fields ranked from lowest to highest in the hierarchal structure. An example would be the progression from HR Assistant to HR Analyst 3. The scope and responsibility of the work progresses from entry level technical to dealing with more complex HR situations. The classifications do not always have to be in the same series.</p>			
<p>If "yes," give the title and number of class(es) that are part of the same career path.</p>			
<p>Proposed minimum qualification change:</p>			

Why is this change necessary?	
What are the appropriate substitutions for experience or education? (please be thorough)	
Will this change increase or decrease your applicant pool? Increase <input type="checkbox"/> Decrease <input type="checkbox"/> (check one)	
Please submit the following information with your request	
Sample position descriptions supporting proposed change (minimum one)	<input type="checkbox"/>
Organizational Chart (section 11 of PD)	<input type="checkbox"/>
Relevant Statutes (if any)	<input type="checkbox"/>
Analysis of MQ trial evaluation	<input type="checkbox"/>
Additional relevant information, (i.e., historical recruitment data, assessments of quality of past recruitments, or documents supporting program changes materially) affecting the position/classification	<input type="checkbox"/>
DAS- CHRO Classification and Compensation Unit Use Only	
Decision:	Date:
Reason:	
HRSD Consultant:	Date:

Submit form and supporting documentation to:

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