Use this form when:

* Your agency is submitting more than 15 classification reviews, submit this form to DAS Classification and Compensation **AT LEAST** two weeks prior to submittal.
* Your agency has received positions through the legislative process, complete and submit this form within two weeks of the positions being entered into the PICS system and available for use.

|  |  |  |
| --- | --- | --- |
| DATE: |  | |
| AGENCY NAME: | | AGENCY #: |
|  | | |
| AGENCY CONTACT: | | |
| PHONE: | | EMAIL: |

My agency is submitting notification for the following reasons:

* Agency is submitting more than 15 classification reviews in one or multiple package(s)
* Agency received new positions through the legislative process

**Multiple reviews in one package**

Agency is submitting \_\_\_\_\_\_ classification reviews in one or multiple package(s).

My agency will submit this information on or around \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Details:

|  |  |  |
| --- | --- | --- |
| Classification | Number of positions | Notes |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Received positions through legislative process**

Agency has received \_\_\_\_ new positions through the legislative process.

My agency will submit this information on or around \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Details:

|  |  |  |
| --- | --- | --- |
| Classification | Number of positions | Notes |
|  |  |  |
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