Human Resources

HR

Class/Comp

EMPLOYEE REQUEST FOR CLASSIFICATION CHANGE

Print Form

FROM (To be completed by employee requesting the change.)

Employee Name _____ Date of Request _____

Phone Number _____ Institution/Facility _____

Manager/Supv Name _____ Functional Unit _____

Reclassification Questions

1. What has changed to warrant reclassification of this position?

2. How does reclassifying this position fit with the agency's strategic staffing plan?

Required Attachments

All four attachments must be submitted with this form to the Classification Unit (Lisa Snively), before work on reclassification 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.
- ☐ **Answer 2 Questions Above**. If more room is required to answer the questions, attach a separate sheet.
- ☐ **DOC Classification Cover Memo Information Page** - Found under "Position Forms" at: http://www.oregon.gov/DOC/HR/pages/hrs_forms.aspx