Department of Human Resources
Classification Request

INSTRUCTIONS

This page is for your information only and should not be submitted with the Classification Request.

This form is used to request:

1. New Positions - determining the appropriate classification for a new position (throughout the year and for the budget process – this includes add/deletes).
2. Reclassification Studies - changing a position from its current classification to a different classification consistent with the duties and responsibilities performed.
3. Overfills - changing the current classification to a higher <u>related</u> classification (higher salary range).
4. Underfills - changing the current classification to a lower classification (lower salary range) that contains a substantial portion of the duties listed in the class specifications.

(For large re-organization studies and other requests, submit a memo explaining your request.)

Please complete a separate form for each different classification requested. One form may be submitted for multiple positions if all are performing the same job duties. Submit the original to Human Resources and keep one copy for department records.

Requests initiated by employees should be reviewed by the supervisor of the position, approved by the department head, then forwarded to Human Resources. Management may include their analysis of the request in the signature area and by additional attachments.

This form is organized in sections; complete the sections applicable to your request and discard the pages that are not needed.

Contact Information

- Complete for all requests.
- The contact person will be the primary person we will contact for additional information and/or status updates. The supervisor/manager of the position should be in the position's chain of command and be able to provide detailed explanations of the requested position. If the request is for a filled position, include the incumbent's contact information.

Position Information

- Complete for all requests.

Justification

- Complete for all requests.
- For reclassification requests, the justification provided must explain how the duties have changed and are no longer consistent with the current class.
  - Human Resources will review this information and may require a Position Description Questionnaire to conduct an analysis of the position.

Description of Work Activities

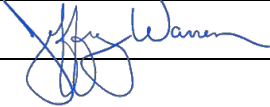- Complete for all requests.

Essential Duties

- Complete for new positions, overfills, and underfills only.

Please contact Human Resources at (530) 621-5565 with any questions or if you would like to consult with us before submitting a formal request.

CONTACT INFORMATION

Department	
Division (If Applicable)	

Contact for Study			
Name		Title	
Phone Number		Email Address	

Supervisor/Manager of Position(s)			
Name		Title	
Phone Number		Email Address	

Incumbent *(If Applicable)*			
Name		Title	
Phone Number		Email Address	

POSITION INFORMATION

Current Classification			
Requested Classification			☐ Existing Class ☐ New Class

Request Type	
☐ New position(s) Number of New Positions Requested	
☐ Overfill	☐ Underfill
☐ Reclassification of Vacant Position(s)	☐ Reclassification of Filled Position(s) – Include incumbent information below.

Incumbent Name	
Incumbent Name	
Incumbent Name	
Incumbent Name	

Briefly describe the reason for the request and how the position(s) fits in the organization (e.g., workload, contract, grant, new program, etc.).

JUSTIFICATION

How have the duties/position changed and why is the existing classification no longer appropriate?

Note: *A study may be denied (without further review) if no changes in duties or other valid reason(s) for the study exist.*

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How long has the incumbent been performing all of the duties described in this request?

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Where did the new duties come from?
- **New to the department.**
- **If performed by a previous position, list the position.**

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| |

List any special requirements of this position that are not required of other positions in the classification.

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| |

☐	*If you are not the department head, by checking this box you are certifying that the department head has reviewed and agrees with this request.*		
Name		**Date**	
Title			

DESCRIPTION OF WORK ACTIVITIES

ORGANIZATIONAL INFORMATION

Please describe the chain of command for this position. A complete organization chart that includes your requested positions will assist us in expediting your request. A handwritten chart is acceptable. An organizational chart is required for new classes and for supervisory and managerial positions.

COMPARISON INFORMATION

Are other employees performing the same or similar job duties? If yes, describe and if specialized duties indicate incumbent name or position number.

SUPERVISORY/LEAD

This position performs **supervisory** duties.	☐ Yes ☐ No
This position performs **lead** duties.	☐ Yes ☐ No
Number of positions that this position will lead or supervise.	

Briefly describe the lead/supervisory duties:

ESSENTIAL DUTIES

Complete for New Positions, Overfills, and Underfills Only

Essential Duties: A complete description of the duties of the position is critical for timely completion of this study. *In your own words, please describe between six (6) and ten (10) essential duties specific to this position; do not copy from the class specification*.

The description of duties should convey an accurate picture of the position, emphasizing specific actions. Avoid vague or general terms such as "assists," "handles," and "is responsible for."

Percentage of Time: Indicate the approximate percentage (%) of time spent performing each specific duty. (Please be sure the percentage of time adds up to 100%.)

Essential Duty	% of Time
Supervising and directing the work of others as described above. *(Put 0% if not applicable)*	
Total Percentage	*Confirm your percentages add up to 100%*

CLASSIFICATION REVIEW *(FOR HUMAN RESOURCES USE ONLY)*			
Analyst		Date	
Recommended Classification			
Comments:			