



RECLASSIFICATION/CLASS REQUEST FORM

Study Number: _____

Section A – DEPARTMENT & CONTACT INFORMATION

Department Name: _____ Department ID: _____ Division: _____

Contact for Study

Name: _____ Job Title: _____ Phone Number: _____

Section B – RECLASSIFICATION OF POSITION(S)/CLASS REQUEST

Number of positions requested to be reclassified: _____

You may use one Reclassification Request Form for multiple positions if request is to reclassify positions in same class to same new class **and** all positions are in the same department/division **and** have the same SAP Fund Center, Budget Org Chart, essential duties, and reporting structure.

Indicate below if position(s) is for Existing or New Class:

Existing Class – Complete Sections A – F and H

New Class – Complete Sections A – H

Class Information	Current Class	Requested Class
Class Code		
Class Title		
Salary Range		
Representation Unit		
Position Information	Current Class	Requested Class
Total positions in dept./division		
Number of vacant positions in dept./division		

Section B continued on next page

List each position number below and indicate if position is vacant or filled.* Provide incumbent information if applicable.

Position Status	Position Number	Assign to Unclassified Service	Provide incumbent information if filled position:			
			Name	ID Number	Phone Number	Start Date of New Duties (Provide details in Section E)
<input type="checkbox"/> Vacant <input type="checkbox"/> Filled		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Vacant <input type="checkbox"/> Filled		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Vacant <input type="checkbox"/> Filled		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Vacant <input type="checkbox"/> Filled		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Vacant <input type="checkbox"/> Filled		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Vacant <input type="checkbox"/> Filled		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Vacant <input type="checkbox"/> Filled		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Vacant <input type="checkbox"/> Filled		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Vacant <input type="checkbox"/> Filled		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Vacant <input type="checkbox"/> Filled		<input type="checkbox"/> Yes <input type="checkbox"/> No				

***Use additional page(s) if requesting reclassification of more than 10 positions.**

The following **organizational charts** are **required** before a study is conducted for a reclassification of any position (filled or vacant):

- a) Organizational chart illustrating **current** structure and chain of command, and
- b) Organizational chart illustrating **new** structure and chain of command after the addition of the new position(s)/classification.

Both organizational charts must contain class titles and number of filled and vacant positions in each class.

Missing or incomplete organizational charts will delay completion of the study.

Section C – REASON FOR RECLASSIFICATION REQUEST

The following information is required for all reclassification requests

1. Indicate which of the categories below most closely illustrates the reason(s) for this request:

- Delivery of New Service – Approximate start date of new service: _____
- Departmental Reorganization
- Permanent Increased Workload – Reason for increased workload: _____
- Other – briefly explain: _____

2. Describe the reason for the request, providing additional details about selection(s) above (e.g., describe reason for reorganization and/or increased workload; describe new service and its funding source; list any contracts, grants, new programs, or regulatory/licensing requirements related to this request):

3. How have the duties changed? Why is the existing classification no longer appropriate?

4. If the source of the new duties is a restructuring of work within the department, are the positions that are being relieved of the work being reviewed for downward reclassification?

- Yes No

5. Do you have other classifications with similar level duties as the proposed reclassification? If so, have you considered redistributing the duties in order to achieve savings? Please explain what evaluations were performed.

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

7. Will this new position perform, or support functions related to information systems (e.g., software, hardware, infrastructure, etc.), business systems, business applications, programming, or any other technology-related function?

- Yes – Please complete a and b below No – Proceed to Section D

a. Can duties be performed by an existing position/classification in the Innovation and Technology Department (ITD)? If not, explain why work cannot be performed by a position assigned to ITD?

b. Please provide the names of any applications, systems, or databases that are specific to the work in your department that could help support your request for a new position and/or classification outside of ITD.

Section D – BUDGET & FUNDING INFORMATION

Must be approved and signed by the Budget Contact

The following information is required for all reclassification requests:

Fiscal Year: _____ Select One: Annual Budget First Quarter Mid-Year

SAP Fund Center: _____ Workers Comp Code: _____ Budgeted Org Chart: _____

Priority of request if Department is submitting multiple requests this budget cycle (1 being highest priority): _____

1. Are the funding streams supporting the reclassified position going to increase as a result of any higher cost associated with the reclass?

a. If not, what permanent cuts are being made as an offset and what are the longer term implications of that cut?

2. How is the reclassification going to be funded?

Select One: Department Funded General Fund Request Pending Approval Current Annual Cost: _____

Net County Cost: _____ Dept. Funding Amount: _____ Proposed Annual Cost: _____

	Funding Source	%	Ongoing or One-Time	Amount \$	Dedicated Funding Stream? (Yes/No)	Comments (number of positions for each funding source, funding source is pending, etc.)
1						
2						
3						
4						
5						

Total: _____

\$ _____

Budget and Funding Information Approved By

Department Budget Contact Name: _____ Signature: _____

Date: _____

Section E – ESSENTIAL DUTIES OF POSITION

Must be approved and signed by Manager or Supervisor

Essential Duties: *Please do not copy from job description. In your own words, provide a detailed description of the primary functions of the position. Be sure to include the most important and most frequently performed duties.* Clearly and concisely describe specific actions. For example, rather than saying, “provide support,” describe specific duties performed in providing support. Incomplete or vague information may delay completion of the study.

Percentage of Time: In the second column, indicate the approximate percentage (%) of time spent performing each specific duty. (Please be sure the percentage of time does not exceed 100%.) Avoid entries 5% or less, group like duties together.

Essential Duties – DO NOT COPY FROM JOB DESCRIPTION	Percentage
Total Percentage	100%

Essential Duties Approved By

Manager/Supervisor Name: _____ Signature: _____

Date: _____

Has reclassification request been reviewed with incumbent? Yes No N/A (Vacant Position)

Section F – CHAIN OF COMMAND & SUPERVISORY RESPONSIBILITIES

CHAIN OF COMMAND – Who does this position report to: _____ *position/job title* _____ *position/job title*

Who reports to this position: _____ *position/job title* _____ *position/job title*

<i>position/job title</i>	<i>position/job title</i>	<i>position/job title</i>
<i>position/job title</i>	<i>position/job title</i>	<i>position/job title</i>
<i>position/job title</i>	<i>position/job title</i>	<i>position/job title</i>

SUPERVISORY DUTIES

1a. This position performs **supervisory** duties

Yes No

1b. This position performs **lead** duties

Yes No

2. If yes to 1a or 1b, list the employees supervised or led and include class title and position number:

3. Please check the supervisory or lead duties below that apply to this position:

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Hires independently | <input type="checkbox"/> Participates in hiring | <input type="checkbox"/> Assigns work | <input type="checkbox"/> Reviews work |
| <input type="checkbox"/> Has input on work performance evaluations (WPE) | <input type="checkbox"/> Writes WPEs | <input type="checkbox"/> Signs WPEs | |
| <input type="checkbox"/> Approves step advances | <input type="checkbox"/> Recommends disciplinary actions | <input type="checkbox"/> Implements disciplinary actions | |

Section G – NEW CLASSIFICATION INFORMATION

1. Why is a new classification necessary?

2. What classification(s)/position(s) performed duties prior to this request?

a. Explain why these classifications/positions cannot continue to perform duties?

3. Does any law or regulation (e.g., Title 22) require a license, certificate or degree to perform these duties?

4. Will position/classification be subject to Conflict-of-Interest Code and Form 700 filing requirements?

[See Conflict of Interest Categories and Definitions](#)

Yes – Indicate applicable category below No To be determined

If yes, indicate reporting category

Category 1 Category 2 Category 3 Category 4 Category 5

Section H – SIGNATURES

Note: Organizational charts must be submitted with all position requests, except Fast Pass, as instructed in Section B of this form. **Incomplete information, missing signatures, or missing organizational charts will delay completion of the study.**

Signatures **(a)** through **(d)** in this Section must be obtained **prior** to submitting to CAO - Finance Analyst. CAO-Finance Analyst will forward this Position/Class Request Form to Human Resources once it is reviewed and approved by CAO Finance and Administration.

I certify that the statements made herein are accurate and complete.

	<input type="checkbox"/> I concur with all information in the request.	<input type="checkbox"/> I have additional comments, attached.
a) REQUESTOR	Name (Print): _____	Title: _____
	Signature: _____	Date: _____

	<input type="checkbox"/> I concur with all information in the request.	<input type="checkbox"/> I have additional comments, attached.
b) HUMAN RESOURCES BUSINESS PARTNER	Name (Print): _____	Title: _____
	Signature: _____	Date: _____

c) DEPARTMENT HEAD

I have reviewed this request, and I certify that this request falls under the following category (select more than one if applicable):

<input type="checkbox"/> Mandated Services	<input type="checkbox"/> Operational Necessity	<input type="checkbox"/> Revenue Generating	<input type="checkbox"/> To Fulfill Board Action To Increase Service(s)
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Name (Print): _____	Title: _____
Signature: _____	Date: _____

	<input type="checkbox"/> I concur with all information in the request.	<input type="checkbox"/> I have additional comments, attached.
d) EXECUTIVE REVIEWER	Name (Print): _____	Title: _____
	Signature: _____	Date: _____

	<input type="checkbox"/> Approval recommended to conduct study	<input type="checkbox"/> Pending Funding/Further Discussion	<input type="checkbox"/> Denied
e) CAO FINANCE ANALYST	Name (Print): _____		
	Signature: _____	Date: _____	

Comments: