County of Sonoma – Human Resources Department

Classification Study Request Form – Revise Classification Specification

**Instructions:**

1. Please read the [Classification Study Frequently Asked Questions](https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/human-resources/divisions-and-units/recruitment-and-classification-division/services/classification-and-compensation/classification-study-frequently-asked-questions) before completing this form.
2. Please complete all sections of this form as thoroughly as possible. You may attach additional information or documentation that helps to describe the changes to the classification's duties, responsibilities, knowledge, and abilities.
   * If an employee or their employee organization completes this form, please send this request form to the [County’s Recruitment & Classification (R&C) Manager in the Human Resources Department](https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/human-resources/divisions-and-units/recruitment-and-classification-division/staff-assignments) and your department’s HR manager.
   * If a department completes this form, please include a copy of your organizational chart and Cc your assigned Recruitment & Classification (R&C) and County Administrators Office (CAO) Analyst when you email this form to the R&C Manager.

Additional questions regarding how to complete this form can be addressed by your department’s assigned R&C Analyst, a Principal R&C Analyst, or the R&C Manager.

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| **I. Requested By:** (Check all applicable box(es)) |
| Department (Name): Click or tap here to enter text. |
| Employee Organization (Name): Click or tap here to enter text. |
| Employee (Name(s): Click or tap here to enter text. |

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| **II. Title(s) of the classification specification(s) to be revised.** (If you use them, please provide working title(s))  **If the classification is currently staffed include the incumbent(s) name, email, and phone number.** |
| Click or tap here to enter text. |

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| **III. What is the current and proposed reporting structure for this classification specification?**  (Please list the title of the classifications and the name, email, and phone number of the incumbents) |
| Click or tap here to enter text. |

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| **IV. What triggered the need to update the classification specification, what about the job has changed, and why?**  (Please list the duties, responsibilities, and qualifications you believe are not reflected in the current classification specification. If changes are related to new laws, mandates, etc., please specify what the changes entail. If the change is due to an organizational change, attach both the former and current organizational charts indicating these changes.) |
| Click or tap here to enter text. |

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| **V. When did the changes occur?** |
| Click or tap here to enter text. |

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| **VI. Who authorized the changes?** |
| Click or tap here to enter text. |

**Requested By:**

I/We have read the [Classification Study Frequently Asked Questions](https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/human-resources/divisions-and-units/recruitment-and-classification-division/services/classification-and-compensation/classification-study-frequently-asked-questions) before completing this form and understand why classification studies are conducted, and what factors justify and do not justify a classification study.

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Name Signature Date

**Department:** (Department Head signature is required. Outside of department-initiated requests, signature is not indicative of support.)

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Department Head Name Signature Date