County of Sonoma – Human Resources Department

JOB CLASSIFICATION REQUEST FORM – POSITION REVIEW

Instructions: Please use this form for all requests for reclassification of existing positions. Send copies of this request to the Recruitment and Classification Manager, your department's CAO Analyst, and retain one copy. If necessary, attach additional information.

REQUESTED BY (check each box applicable if more than one)	☐ Department:
	☐ Employee Organization:
	☐ Employee:
POSITIONS REQUESTED TO BE STUDIED	Job Class Title: **(Please attach an organization chart with position(s) circled.)**
	Working Title(s):
INCUMBENT(S) OF POSITION(S)	Name(s):

JUSTIFICATION FOR REQUEST

A. DESCRIBE SIGNIFICANT OR MAJOR CHANGES IN DUTIES AND/OR RESPONSIBILITIES.
If due to an organizational change, attach both a former and a current organizational chart indicating these changes.

B. WHEN DID CHANGES OCCUR AND WHY (new laws, mandates, etc)?

C. WHO AUTHORIZED THE CHANGES?

Name(s):
Job Title(s):

D. WHO SUPERVISES THE INCUMBENT(S)?

Name(s):
Job Title(s):

E. WHAT PERCENTAGE OF TIME IS SPENT PERFORMING THE NEW DUTIES/ASSIGNMENT?

F. ARE THERE OTHER POSITIONS IN THIS DEPARTMENT PERFORMING SIMILAR DUTIES? Please identify such positions and note on the attached organization chart.

G. CAN THESE DUTIES BE ASSIGNED TO OTHER EMPLOYEES IN THIS OR ANY OTHER CLASSIFICATION?

H. HOW WILL ANY INCREASED COST BE FINANCED? (required only if request is being submitted by a department)

I. WHAT SPECIFIC RESULT IS BEING REQUESTED IN TERMS OF A CLASSIFICATON CHANGE?

J. OTHER COMMENTS:

REQUESTING PARTY SIGNATURE	Signature:	Date:
	Title:	
	Organization:	
DEPARTMENT HEAD (optional)	Signature:	Date:

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