

County of Sonoma – Human Resources Department  
**JOB CLASSIFICATION REQUEST FORM – CLASS SPECIFICATION REVISION**

**Instructions:** 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:

CLASS SPECIFICATION(S) TO BE REVISED/UPDATED

Job Class Title:

Working Title(s):

***JUSTIFICATION FOR REQUEST***

**A. WHAT TRIGGERED THE NEED TO UPDATE THE CLASS SPECIFICATION?** What about the job has changed and why? Please list the new duties, responsibilities and/or qualifications that you believe are not reflected in the current class specification.

**If changes are related to new laws, mandates, etc., please specify.**

**B. WHO AUTHORIZED THE CHANGES?**

Name(s):

Job Title(s):

**C. WHAT SPECIFIC RESULT IS BEING REQUESTED IN TERMS OF A NEW JOB TITLE, REVISED CLASS SPECIFICATION, ETC?**

**D. OTHER COMMENTS:**

<b>REQUESTING PARTY SIGNATURE</b>	Signature: _____ Date: _____
	Title: _____
	Organization: _____
<b>DEPARTMENT HEAD</b> (optional)	Signature: _____ Date: _____