

County of Sonoma – Human Resources Department  
**JOB CLASSIFICATION REQUEST FORM - NEW**  
**POSITION/CLASSIFICATION REQUEST**

Instructions:

1. Please complete all sections as thoroughly as possible. You may attach additional information if necessary; however, simply submitting a draft spec will not be considered a completed request
2. Please attach an organizational chart that displays where this position will fit within the organization.
3. Questions can be addressed by your Human Resources Analyst or the Recruitment and Classification Supervisor or Manager.
4. Email or send completed information to Recruitment and Classification Manger, Human Resources Department and your department's CAO Analyst.

<b>I. Department</b>		
<b>II. Name and Title of person completing PDQ</b>		
<b>III. Do you have approval from the County Administrator to add this position to your allocations (e.g. Approved re-org or PIR)?</b>	<b>Ext:</b> <i>(Please comment)</i>	
<b>IV. Please state your department's CAO Analyst</b>		
<b>V. Proposed Class Title</b>		
<b>VI. Describe the Purpose of the Position</b> (Summary of 3-5 most important responsibilities)		
<b>VII. Typical Duties</b> (List in order of importance/criticality to position regardless of percentage of time performing)		<b>Estimated % of time performing these duties</b> (Total should equal 100%)

**VIII. List, in order of importance, the knowledge and skills required upon entry to the position to be able to minimally perform the position** (principles, practices, subjects, rules, processes, laws, legislation, etc.)

**Identify the level of knowledge needed:**

- C - Considerable (expert)
- W - Working Knowledge (journey)
- S - Some Knowledge (entry/familiarity)

1.	<input type="checkbox"/> C	<input type="checkbox"/> W	<input type="checkbox"/> S
2.	<input type="checkbox"/> C	<input type="checkbox"/> W	<input type="checkbox"/> S
3.	<input type="checkbox"/> C	<input type="checkbox"/> W	<input type="checkbox"/> S
4.	<input type="checkbox"/> C	<input type="checkbox"/> W	<input type="checkbox"/> S
5.	<input type="checkbox"/> C	<input type="checkbox"/> W	<input type="checkbox"/> S
6.	<input type="checkbox"/> C	<input type="checkbox"/> W	<input type="checkbox"/> S
7.	<input type="checkbox"/> C	<input type="checkbox"/> W	<input type="checkbox"/> S
8.	<input type="checkbox"/> C	<input type="checkbox"/> W	<input type="checkbox"/> S
9.	<input type="checkbox"/> C	<input type="checkbox"/> W	<input type="checkbox"/> S
10.	<input type="checkbox"/> C	<input type="checkbox"/> W	<input type="checkbox"/> S

**List, in order of importance, the abilities required upon entry to the position to be able to minimally perform the position** (use modern office equipment and software, work well with..., lead and direct staff, meet deadlines, etc.)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

**VX. Education/Training/Certifications** (List what areas of study/college coursework and approximate units, and/or degrees, special trainings, licenses, certifications, specific coursework, etc., would a candidate have completed in order to perform the position).

**X. Lead/Supervision** (complete if position will lead or supervise)  
**Lead:** Review work, lead projects, assign work, "go to person" for questions, provide feedback for performance reviews  
**Supervisor:** Approve work, responsible for performance and write reviews, authority to hire, discipline, etc.

**Number of Employees:**

Supervise		Lead	Class Title(s)
Direct	Indirect		

**XI. How will this person receive his/her work instructions?**

**XII. Who will this position report to and what level of supervision will this position receive (e.g. all work will need to be reviewed and signed off, employee receive initial direction and will expected to determine work methods and present solutions/results, etc.)?**

**XIII. What will be the consequences of error in this position (e.g. failure to “frisk” a suspect could be fatal to a Deputy, failure to submit an agenda item on time would result in the item being postponed, etc.)?**

**XIV. What kinds of decisions must an employee in this position make on his/her own?**

**XV. What kind of unusual working conditions will this position have (safety issues, physical demands, shift work, etc.)?**

**XVI. Who will this position be interacting with and what is the nature of their contacts?**

**XVII. In your opinion, what other position(s) in the organization, if any, is/are most similar to this requested position?**

**XVIII. Additional Comments**

**Completed by:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature