## **SNOHOMISH COUNTY HR CLASSIFICATION REQUEST**

LOG#: Department:	Division:
	roposed Effective Date:
REQUEST DE	ETAILS
Action Type:	Initiated by: □ Vacant □ Occupied*
Department sent request to Union, if needed?   Yes, sent on	
Will current job classification be eliminated with this change?	☐ Yes ☐ No
Comments:	•
POSITION DETAILS	
CURRENT	PROPOSED
Position #(s):	Position #(s):
Job Title:	Job Title:
Pay Grade/Step:	Pay Grade/Step:
SPEC #:	SPEC #:
FLSA: ☐ FLSA-E (Exempt) ☐ FLSA-N (Earns Overtime)	FLSA: ☐ FLSA-E (Exempt) ☐ FLSA-N (Earns Overtime)
Monthly Salary/Range: \$	Monthly Salary/Range: \$
Unit: Bargaining Unit:	Unit: Bargaining Unit:
EEO Category Code:	EEO Category Code:
Worker's Comp:	Worker's Comp:
☐ Management Exempt ☐ Classified	☐ Management Exempt ☐ Classified
☐ Grant/Project Position, End Date	☐ Grant/Project Position, End Date
* If occupied, list employee names:	
NAME Paguastor:	SIGNATURE DATE
Requestor: Dept. Head:	
NOTE: The funding and implementation of all reclassifications is the responsibility of the department. Classification requests are not implemented until a Personnel Record Change (PRC) has been submitted.	
HUMAN RESOURCES RECOMMENDATION	
$\square$ Approved $\square$ Denied $\square$ Acknowledged	Effective Date:
Job Title:	Pay Grade/Step: % FTE:
Approved Regular Position #(s):	
$\square$ Delete Classification/Position $\square$ FLSA-E (Exempt) $\square$ FLSA-N	
Classification Analyst:	Date:
HR Director/or designee:	Date:
Comments:	
BUDGET ACTION	
☐ Approved ☐ Denied # Positions Requested:	# Positions Approved:
Budget Analyst:	
NAME	SIGNATURE DATE
Comments:	
EXECUTIVE OFFICE	
☐ Approved ☐ Denied	
Executive Office:	Date:
Comments:	
HUMAN RESOURCES ONLY	
☐ AFSCME 10 Day review Job Description changes complete: ☐ Web ( ) ☐ NeoGov ( )	
	erified □ Classification Log Completed

Last Updated 04/29/2020