SNOHOMISH COUNTY HR CLASSIFICATION REQUEST

LOG#: Department:	Division:
DAC:	Proposed Effective Date:
REQUEST DETAILS	
Action Type:	Initiated by: Vacant Occupied*
Department sent request to Union, if needed? Yes, ser	
Will current job classification be eliminated with this chang	
Comments:	
POSITION DETAILS	
CURRENT	PROPOSED
Position #(s):	Position #(s):
Job Title:	Job Title:
Pay Grade/Step:	Pay Grade/Step:
SPEC #:	SPEC #: Hours/Week: % FTE:
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	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	
☐ Approved ☐ Denied ☐ Acknowledged	Effective Date:
• • • • • • • • • • • • • • • • • • • •	Pay Grade/Step: % FTE:
	SPEC #:
□ Delete Classification/Position □ FLSA-E (Exempt) □ FLSA-N (Earns Overtime) □ Management Exempt □ Classified	
Classification Analyst:	
HR Director/or designee:	
Comments:	
BUDGET ACTION	
☐ Approved ☐ Denied # Positions Request	ed: # 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 ()	
•	properties and the complete: \(\text{ web (} \) \(\text{ Neodov (} \) \) The Verified \(Indicate the completed of the completed of the completed of the complete of
□ HighLine Updates □ New Job □ Union Status: □	\square Dept Notified ()

Last Updated 04/29/2020