

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, sent on _____ N/A: Not Applicable

Will current job classification be eliminated with this change? ☐ Yes ☐ No

Comments: _____

POSITION DETAILS

CURRENT

Position #(s): _____

Job Title: _____

Pay Grade/Step: _____

SPEC #: _____ Hours/Week: _____ % FTE: _____

FLSA: ☐ FLSA-E (Exempt) ☐ FLSA-N (Earns Overtime)

Monthly Salary/Range: \$ _____

Unit: _____ Bargaining Unit: _____

EEO Category Code: _____

Worker's Comp: _____

☐ Management Exempt ☐ Classified

☐ Grant/Project Position, End Date _____

PROPOSED

Position #(s): _____

Job Title: _____

Pay Grade/Step: _____

SPEC #: _____ Hours/Week: _____ % FTE: _____

FLSA: ☐ FLSA-E (Exempt) ☐ FLSA-N (Earns Overtime)

Monthly Salary/Range: \$ _____

Unit: _____ Bargaining Unit: _____

EEO Category Code: _____

Worker's Comp: _____

☐ Management Exempt ☐ Classified

☐ Grant/Project Position, End Date _____

☐ Is Supervisory

* If occupied, list employee names: _____

***E-SIGNATURE REQUIRED**

NAME

***DO NOT LOCK DOCUMENT AFTER SIGNING**

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: _____

Job Title: _____ Pay Grade/Step: _____ % FTE: _____

Approved Regular Position #(s): _____ SPEC #: _____

☐ Delete Classification/Position ☐ FLSA-E (Exempt) ☐ FLSA-N (Earns Overtime) ☐ Management Exempt ☐ Classified

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 ()

☐ EEO Category Verified _____ ☐ Worker's Comp Verified _____ ☐ Classification Log Completed

☐ HighLine Updates ☐ New Job ☐ Union Status: _____ ☐ Dept Notified ()