

DEPARTMENT OF _____
CLASSIFICATION REQUEST QUESTIONNAIRE

PCN #: _____ **PROPOSED JOB CLASS:** _____ **PROPOSED RANGE:** _____

DIVISION: _____ **PROPOSED LOCATION:** _____

SUPERVISOR: _____ **PHONE :** _____

1. Describe the requested action.

2. Provide rationale for the requested action. What has changed in the division's organizational structure, programs, projects, or methods of accomplishing work?

3. Describe how this change affects the work and level of responsibility assigned to this position.

4. Do you know how your proposed structure compares to similar work units in the department? Please comment.

5. How will you allocate the work that was previously performed by this position?

6. What position, if any, was previously performing the work that this position is now performing?

7. Describe the budgetary impacts.

Comments: _____

DIVISION'S APPROVAL

DATE

COMMISSIONER'S APPROVAL

DATE