**Class Studies Request Form**

Prior to completing this form, check with your supervisor to ensure that you have departmental approval to submit a request. You may also contact your department’s HRBP for additional guidance. The completed form must be submitted via email to both OMB and [doa.dop.classification@alaska.gov](mailto:doa.dop.classification@alaska.gov) concurrently by your department’s Administrative Services Director or their delegate. Please cc your department’s HRBP. If submitted by a delegate, also cc your Division’s Director.

Upon receipt, OMB and Classification will review the request. The Job Class Study request will not be added to the official studies queue until OMB approval is obtained. Upon securing OMB approval, Classification will reach out to the designated point of contact for further consultation.

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| Division Director (or appropriate delegate)    Phone    Email | Department’s Designated Study Contact    Phone    Email |

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| **Are you requesting a Class Study or Salary Review?** |
| Class Study Request:  Salary Review: |

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| **Describe the Issue(s)** |
| Why are you requesting a class study or salary review? Please list any job class(es) impacted by the change or concern.  What specific issue(s) are you are trying to resolve, or business need(s) are you trying to meet? Be specific and descriptive.  What services are provided and how they are being adversely affected?  Please list any additional agencies who also use the subject job class(es) or would be impacted by a class study or salary review. |

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| **What Efforts Have Been Made to Address the Issue(s)?** |
| Briefly explain what you have tried, and the results achieved (e.g., revised organizational structures, enhanced recruitment efforts, workflow review process, training). |

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| **What are the Proposed Changes?** |
| Describe the proposed classification(s) and salary changes. Provide specific examples. |

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| **How Does the Proposal Resolve the Issue(s)?** |
| Describe the service improvements you expect to see if this proposal is implemented. |

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| **What are the Budgetary Effects of Your Proposed Request?** |
| Describe the budgetary effects and how your agency will address them.  What are the potential costs? Will the agency be able to cover the cost of the budgetary change, or will the agency be requesting a budgetary increment?  If applicable, how will you prioritize this request if you have multiple study or salary survey requests with Classification?  Please attach your current organizational structure and the proposed new structure that supports your request. |

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| **Director or Designated Approving Authority** | |
| Date | Approving Administrative Service Director or Designee |
| Date | Approving Budget Authority [Office of Management & Budget] |