**RIVERSIDE COUNTY HUMAN RESOURCES DEPARTMENT**

***CLASSIFICATION STUDY REQUEST***

FROM:       DATE:

(Department/Agency)

# TO: Sarah Franco

# Interim Director of Human Resources

**This form is to be used *only* if the following criteria apply, as per Section 3 and 4 of Board Policy C-19:**

**“*Separate job classifications will not be established when there are insignificant differences in job duties and responsibilities. When differences are insignificant, the existing class specification(s) will be expanded to reflect any extra duties. A request for classification study should be based upon changes in the nature and/or level of duties and responsibilities assigned to the subject position(s) and* NOT *upon the* volume of work performed*, the* performance level *of the incumbent, the* length of service *of the incumbent, etc.”***

***We respectfully request the following position(s) to be studied:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Class** | **Incumbent**  **(if applicable)** | **PC Number** | **Requested Class** | **Division/Location** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**JUSTIFICATION: *(This information* MUST *be completed on a separate sheet* before *request can be reviewed. Previous, current and/or proposed Org Charts* MUST *be attached for all justifications. Requests that do not provide a specific detailed justification will be returned, without action, for additional supportive information).***

1. Why is this classification study needed?

*Department Reorganization*

*New Board Approved Program (Detail should include reference to Board approval date and/or funding)*

*Job restructuring/Reclassifying (Refer to Item 2 below for* ***required*** *documentation)*

*Legislative/MOU mandated and/or compliance*

1. Provide a detailed justification identifying all recent and primary changes to the position, including all previous and current job functions, duties and responsibilities (***MUST*** include specific job duties that the employee is currently performing that are ***not*** inherent to employee’s current class). Explain why the classification study needs to be done now. *(Disregard if the request is to determine an appropriate class for a new position)*
2. When did these changes occur?  >1 yr ago;  >6 mo <1 yr ago;  <6 mo ago;  haven’t changed yet, but expect to change by ;  N/A - new position.
3. Reclassification Request: Attach a Position Description Questionnaire (PDQ), completed by the incumbent in the current class.

## Department/Agency Head/Designee: Date:

HR Services Manager Approval: Date:

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**FOR HR USE ONLY:** APPROVE DENY If denied, reason:

## Director of Human Resources

or Designee Approval: Date: