

POSITION ALLOCATION/REALLOCATION/RECLASSIFICATION REQUEST Form Revised: 1/2008

PART A – Requesting Office:

1. Department/Division	2. Action Requested by: Title: _____ Date: _____
3. Director's Signature: _____ Date: _____	

PART B – Action Requested:

Effective Date of Action: _____

1. ALLOCATION

<input type="checkbox"/>	Request for establishment of additional position(s), classification currently exists. <u>Classification Title</u> _____ <u>Total Positions Currently Authorized</u> _____ <u>Proposed Number of Positions</u> _____
<input type="checkbox"/>	Request for establishment of a new position(s), classification does not currently exist (Complete Part C) <u>New Classification Title</u> _____ <u>Pay Status (select one)</u> _____ <u>Proposed DBM or Salary:</u> _____

2. REALLOCATION

<input type="checkbox"/>	Change of classification of an existing VACANT position. <u>Previous Incumbent:</u> _____ <u>Current Classification Title & Control Number:</u> _____ <u>Proposed Change To:</u> _____ <u>Current Classified Pay Grade or Unclassified Rate of Pay</u> _____ <u>Proposed Change To:</u> _____ <u>Current Position Status (select one):</u> _____ <u>Proposed Change To (select one):</u> _____
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3. RECLASSIFICATION

<input type="checkbox"/>	Reclassification of an existing position (Attach Position Description Questionnaire) <u>Current Incumbent:</u> _____ <u>Current Classification Title & Control Number (If applicable):</u> _____ <u>Proposed Change To:</u> _____ <u>Current Classified Pay Grade or Unclassified Rate of Pay</u> _____ <u>Proposed Change To:</u> _____
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4. Justification for this action and duties of the position:

PART C – New Position Data:

1. Who will supervise? (Name/Title)	2. List any education, certifications or licenses required:
3. Equipment, machines or vehicles required to operate:	4. Type and amount of training and/or experience required:
5. Describe the basic duties of this new position, including the extent of supervision received and exercised. (Attach job description):	

PART D – Reviews/Approvals: (This section must be completed **before** submission to the County Administrator.)

1. HRIS _____ Date Received _____	2./4. Compensation/Classification (2)Date _____ (4) Date _____
3. Budget _____ Approved _____ Disapproved _____ Date _____	5. HR Director _____ Approved _____ Disapproved _____ Date _____
6. Asst. County Administrator _____ Approved _____ Disapproved _____ Date _____	7. County Administrator (or designee) _____ Approved _____ Disapproved _____ Date _____
8. Compensation/Classification _____ Date in _____ Date in _____ Job Code/Class Spec _____ KRONOS _____ NEOGOV	10. HR Information Systems _____ Date _____
9. Position Control _____ Position Code _____ KRONOS PCN: _____	