County of Sonoma – Human Resources Department

Classification Study Request Form – Position Review

**Instructions:**

1. Please read the [Classification Study Frequently Asked Questions](https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/human-resources/divisions-and-units/recruitment-and-classification-division/services/classification-and-compensation/classification-study-frequently-asked-questions) before completing this form.
2. Please complete all sections of this form as thoroughly as possible. You may attach additional information or documentation that helps describe the work performed that you believe is outside the scope of the current classification. Copying and pasting duty statements from existing classifications will not be accepted as a complete request.
	* If an employee or their employee organization completes this form, please send this request form to the [County’s Recruitment & Classification (R&C) Manager in the Human Resources Department](https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/human-resources/divisions-and-units/recruitment-and-classification-division/staff-assignments) and your department’s HR manager.
	* If a department completes this form, please include a copy of your organizational chart and Cc your assigned Recruitment & Classification (R&C) and County Administrators Office (CAO) Analyst when you email this form to the R&C Manager.

Additional questions regarding how to complete this form can be addressed by your department’s assigned R&C Analyst, a Principal R&C Analyst, or the R&C Manager.

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| **I. Requested By:** (Check all applicable box(es)) |
| [ ]  Department (Name): Click or tap here to enter text. |
| [ ]  Employee Organization (Name): Click or tap here to enter text. |
| [ ]  Employee (Name(s): Click or tap here to enter text. |

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| **II. Classification title(s) of the position(s) to be studied and the incumbent(s) name, email, and phone number:** (If you use them, please provide working title(s)) |
| Click or tap here to enter text. |

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| **III. Who supervises the incumbent(s)?** (Title, name, email, and phone number) |
| Click or tap here to enter text. |

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| **IV. Please describe the significant or major changes in duties or responsibilities. What about the job has changed and why?**(Please list the duties, responsibilities, and qualifications you believe are not reflected in the current classification specification. If changes are related to new laws, mandates, etc., please specify what the changes entail. If the change is due to an organizational change, attach both the former and current organizational charts indicating these changes.) |
| Click or tap here to enter text. |

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| **V. When did the changes occur?** |
| Click or tap here to enter text. |

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| **VI. Who authorized the changes?** |
| Click or tap here to enter text. |

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| **VII. Are there other positions in the department performing similar duties? If so, where are they located in your organization?** |
| Click or tap here to enter text. |

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| **VIII. In summary, what is the desired outcome of this request?** |
| Click or tap here to enter text. |

**Requested By:**

I/We have read the [Classification Study Frequently Asked Questions](https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/human-resources/divisions-and-units/recruitment-and-classification-division/services/classification-and-compensation/classification-study-frequently-asked-questions) before completing this form and understand why classification studies are conducted, and what factors justify and do not justify a classification study.

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Name Signature Date

**Department:** (Department Head signature is required. Outside of department-initiated requests, signature is not indicative of support.)

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Department Head Name Signature Date