COUNTY OF SAN JOAQUIN

**CLASSIFICATION STUDY REQUEST (CSR) FORM**

**FY 2024-2025**

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| To: Director of County Human Resources | Date:       |
| Form Completed By:      Dept Primary Project Contact:       | Dept:       |
| Division:       |
| Budget Unit:       |

Requested Action (Please check appropriate box):

 [ ]  Create new job classification or classification series

Proposed title(s):      \_\_\_\_\_\_\_\_\_\_\_

 [ ]  Make minor amendments to existing job classification or classification series

 Current Job Classification(s):      \_\_\_\_\_\_\_\_\_\_\_

 [ ]  Reclassify existing position(s):

Current Job Classification:      \_\_\_\_\_\_\_\_\_\_\_

 Position(s) to be studied is/are currently (add additional lines as necessary):

 [ ] Vacant [ ]  Occupied [ ] Anticipated to become vacant (by:     )

|  |  |  |
| --- | --- | --- |
| Position Control # (required) | Incumbent(s) (if applicable)  | Budget Unit Number |
|       |       |       |
|       |       |       |
|       |       |       |

**Please review and answer all appropriate questions on page 2.**

**Request Approved for Submittal by (Dept Head/Deputy/Chief Budget Designee):**

**Name:**      \_\_\_\_\_\_\_\_\_ \_\_ **Title:**      \_\_\_\_\_ \_\_\_\_\_\_

**Signature:**      \_\_\_\_\_\_\_\_ \_\_\_ **Date:**      \_\_\_\_\_\_\_\_\_\_\_

**SUBMIT COMPLETED FORM TO** **HRCLASSIFICATION@SJGOV.ORG**

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| ***COUNTY HUMAN RESOURCES REVIEW/APPROVAL*** | ***Date Received by HR:***      |
| Action: | [ ]  Proceed with study | [ ]  Denied | [ ]  Hold pending further analysis and discussion |
| Comments:       |
| Director of Human Resources:       | Date:       |

**Please thoroughly review and complete the form. Be specific and detailed. This request may be returned for clarification or rejected due to insufficient information.**

**For questions, please contact your assigned HR Analyst or email** **hrclassification@sjgov.org****.**

**THANK YOU.**

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| **CLASSIFICATION STUDY REQUEST QUESTIONNAIRE** |
| 1. If requesting a new classification or to amend an existing one, explain the problem you are trying to solve and why a new class or revision of an existing class is necessary to resolve it.

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| 1. Is funding allocated in the department base budget? If not, do you plan to submit a supplemental budget request?

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| 1. Is this position subject to grant funding? If so, what are the effective dates that the grant will fund the position(s)? Please attach documentation of grant approval, including any provisions regarding staffing.

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| 1. If requesting a position reclassification, explain in detail why the position(s) is/are not properly classified (as compared with the current job classification).
2. List each specific job task that has been removed from the position(s), if any.

     1. List each specific higher-level job task(s) that has been added to the position(s) and the reason for the added task(s).

     1. Explain why each added job task is required.

     1. When did the incumbent(s) begin performing the identified higher-level tasks?

     1. Are added job tasks due to state and/or federal mandate? If so, please attach supporting documentation.

     1. Explain why the added tasks cannot be performed within the existing job classification.

      1. Are there existing higher-level allocated positions that could perform the identified higher-level tasks based on the job classifications of those position(s)? If yes, explain why these duties cannot be assigned to the higher-level class?

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| 1. Please attach an organizational chart identifying where the classification/position is/will be allocated within the organizational structure. ***Please insert org chart below.***

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