



County of Glenn – Personnel Department
JOB RECLASSIFICATION REQUEST FORM

Instructions: Please use this form for all requests to add a new classification position(s). Send copies of this request to the Personnel Director, Department Head, and retain one copy. If necessary, attach additional information.

REQUESTED BY
(check each box applicable if more than one)

Department:

Employee Organization:

Other:

Requesting Classification Title:

Date the new duties were assigned:

JUSTIFICATION FOR REQUEST

A. DESCRIBE SIGNIFICANT OR MAJOR CHANGES IN DUTIES AND/OR RESPONSIBILITIES.

If due to an organizational change, attach both a former and a current organizational chart indicating these changes.

B. WHEN DID CHANGES OCCUR AND WHY (new laws, mandates, etc)?

C. WHO AUTHORIZED THE CHANGES?

Name(s):

Job Title(s):

D. WHO SUPERVISES THE INCUMBENT(S)?

Name(s):

Job Title(s):

E. WHAT PERCENTAGE OF TIME IS SPENT PERFORMING THE NEW DUTIES/ASSIGNMENTS?

F. ARE THERE OTHER POSITIONS IN THIS DEPARTMENT PERFORMING SIMILAR DUTIES? Please identify such positions and note on the attached organization chart.

G. CAN THESE DUTIES BE ASSIGNED TO OTHER EMPLOYEES IN THIS OR ANY OTHER POSITION?

H. HOW WILL ANY INCREASED COST BE FUNDED?

I. WHAT SPECIFIC RESULT IS BEING REQUESTED IN TERMS OF A CLASSIFICATION CHANGE?

J. EMPLOYEE COMMENTS:

REQUESTING PARTY SIGNATURE

Signature:

Date:

Title:

Organization:

DEPARTMENT HEAD (optional)

Signature:

Date: