



Study Number: \_\_\_\_\_

Section A – DEPARTMENT & CONTACT INFORMATION

Department Name: \_\_\_\_\_ Department ID: \_\_\_\_\_ Division: \_\_\_\_\_

Contact for Study

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Section B – POSITION/CLASS REQUEST

Number of positions requested: \_\_\_\_\_

Indicate below if position is for Existing or New Class:

EXISTING CLASS <input type="checkbox"/> Check box and provide information below	NEW CLASS <input type="checkbox"/> Check box and provide information below
<p>Class Title: _____</p> <p>Job Code: _____ Representation Unit: _____ Salary Range: _____</p> <p>Number of <b>total</b> positions in this class in your department/division: _____</p> <p>Number of <b>vacant</b> positions in this class in your department/division: _____</p> <p>Is classification on <a href="#">Fast Pass list?</a></p> <p><input type="checkbox"/> <b>Yes</b> <i>Complete Sections A - E and proceed to Section I (no organizational charts needed).</i></p> <p><input type="checkbox"/> <b>No</b> <i>Complete Sections A – D, F, G, and I. Attach required organizational charts*</i></p>	<p><b>Requested New Class Information</b></p> <p>Class Title: _____</p> <p>Salary Range: _____</p> <p>Representation Unit: _____</p> <p><i>Complete Sections A – D and F - I. Attach required organizational charts*</i></p>

\*The following **organizational charts** are **required** before a study is conducted for new position requests that are not Fast Pass:

1. Organizational chart illustrating **current** structure and chain of command, and
2. Organizational chart illustrating **new** structure and chain of command after the addition of the new position(s)/classification.

**Both organizational charts must contain class titles and number of filled and vacant positions in each class.**

**Missing or incomplete organizational charts will delay completion of the study.**

## Section C – REASON FOR POSITION REQUEST

The following information is required for all new position requests including Fast Pass requests:

1. Indicate which of the categories below most closely illustrates the reason(s) for this request:

- Delivery of New Service                      Approximate start date of new service: \_\_\_\_\_
- Departmental Reorganization       Other – briefly explain: \_\_\_\_\_
- Permanent Increased Workload – Reason for increased workload: \_\_\_\_\_

2. Describe the reason for the request, providing additional details about selection(s) above (e.g., describe reason for reorganization and/or increased workload; describe new service and its funding source; list any contracts, grants, new programs, or regulatory/licensing requirements related to this request):

3. Is position part of a mandate or law?     Yes     No

- a. If yes, please provide the code, effective date, and a brief description of the mandate/law and how this position will be used to support the new requirements.

4. If Department does not receive requested position, please explain immediate and long-term service impacts of not adding the position.

5. Are other classifications currently performing the same or similar job duties? If yes, indicate incumbent name or position number.

6. Explain why dividing the duties and responsibilities among existing staff cannot accomplish the workload.

*Section C continued on next page*

7. Will this new position perform, or support functions related to information systems (e.g., software, hardware, infrastructure, etc.), business systems, business applications, programming, or any other technology-related function?

Yes – Complete a and b below     No – Proceed to Section D

a. Can duties be performed by an existing position/classification in the Innovation and Technology Department (ITD)? If not, explain why work cannot be performed by a position assigned to ITD?

b. Please provide the names of any applications, systems, or databases that are specific to the work in your department that may help support your request for a new position and/or classification outside of ITD.

## Section D – BUDGET & FUNDING INFORMATION

*Must be approved and signed by the Budget Contact*

The following information is required for all new position requests including Fast Pass requests:

Fiscal Year: \_\_\_\_\_ Select One:  Annual Budget  First Quarter  Mid-Year

SAP Fund Center: \_\_\_\_\_ Workers Comp Code: \_\_\_\_\_ Budgeted Org Chart: \_\_\_\_\_

Priority of request if Department is submitting multiple requests (1 being highest priority): \_\_\_\_\_

1. If you indicated in Section C that the new position is needed to support the **delivery of a new service**, provide the revenue source that is funding this new service.

2. Is requested position vital to revenue streams?

Yes – Explain: \_\_\_\_\_  No

3. What dedicated sources are there to support ongoing position costs?

a. If there is not a dedicated funding source, what reductions are being made as an offset and what are the longer-term implications of the reductions?

4. How is the position going to be funded?

Select One:  Department Funded  General Fund Request Pending Approval

Net County Cost: \_\_\_\_\_ Dept. Funding Amount: \_\_\_\_\_ Total Annual Cost: \_\_\_\_\_

	Funding Source	%	Ongoing or One-Time	Amount \$	Dedicated Funding Stream? (Yes/No)	Comments (Number of positions for each funding source, funding source is pending, etc.)
1						
2						
3						
4						
5						
<b>Total:</b> _____				\$ _____		

**Budget and Funding Information Approved By:**

Department Budget Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Section E – FAST PASS REQUEST ONLY

New position requests for classes that perform routine and specific duties unique to a department may qualify for the Fast Pass streamlined procedure. **Please see [Fast Pass List](#) to verify if requested position is eligible.**

If position request is for a class on Fast Pass list, check the following boxes to confirm that your request is eligible for the Fast Pass process:

- The department will use the position consistent with the primary duties and class concepts described in the class specification.
- The contact person listed in Section A of this form certifies that the Department Head is aware of and approves of this request.

***If you checked the boxes above, you may proceed to the signatures page at the end of this form.***

***If the above checkboxes do not apply to your requested position and/or class is not on Fast Pass List, complete Sections F and G (and H if New Class) as well as signatures page.***

## Section F – ESSENTIAL DUTIES OF POSITION

*Must be approved and signed by Manager or Supervisor*

**Essential Duties:** *Please do not copy from job description. In your own words, provide a detailed description of the primary functions of the position. Be sure to include the most important and most frequently performed duties.* Clearly and concisely describe specific actions. For example, rather than saying, “provide support,” describe specific duties performed in providing support. Incomplete or vague information may delay completion of the study.

**Percentage of Time:** In the second column, indicate the approximate percentage (%) of time spent performing each specific duty. (Please be sure the percentage of time does not exceed 100%.) Avoid entries 5% or less, group like duties together.

Essential Duties – <b>DO NOT COPY FROM JOB DESCRIPTION</b>	Percentage
Total Percentage	100%

**Essential Duties Approved By:**

Manager/Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Section I – SIGNATURES

Note: Organizational charts must be submitted with all position requests, except Fast Pass, as instructed in Section B of this form. **Incomplete information, missing signatures, or missing organizational charts will delay completion of the study.**

Signatures (a) through (d) in this Section must be obtained **prior** to submitting to CAO - Finance Analyst. CAO-Finance Analyst will forward this Position/Class Request Form to Human Resources once it is reviewed and approved by CAO Finance and Administration.

**I certify that the statements made herein are accurate and complete.**

<b>a) REQUESTOR</b>	<input type="checkbox"/> I concur with all information in the request.	<input type="checkbox"/> I have additional comments, attached.
	Name (Print): _____	Title: _____
	Signature: _____	Date: _____
<b>b) HUMAN RESOURCES BUSINESS PARTNER</b>	<input type="checkbox"/> I concur with all information in the request.	<input type="checkbox"/> I have additional comments, attached.
	Name (Print): _____	
	Signature: _____	Date: _____
<b>c) DEPARTMENT HEAD</b>	I have reviewed this request, and I certify that this request falls under the following category (select more than one if applicable):	
	<input type="checkbox"/> Mandated Services	<input type="checkbox"/> Operational Necessity
	<input type="checkbox"/> Revenue Generating	<input type="checkbox"/> To Fulfill Board Action To Increase Service(s)
	Name (Print): _____	Title: _____
	Signature: _____	Date: _____
<b>d) EXECUTIVE REVIEWER</b>	<input type="checkbox"/> I concur with all information in the request.	<input type="checkbox"/> I have additional comments, attached.
	Name (Print): _____	Title: _____
	Signature: _____	Date: _____
<b>e) CAO FINANCE ANALYST</b>	<input type="checkbox"/> Approval recommended to conduct study	<input type="checkbox"/> Pending Funding/Further Discussion
	<input type="checkbox"/> Denied	
	Name (Print): _____	
	Signature: _____	Date: _____
Comments:		