

**State of Idaho**

**Classification Review Request Form**

**Purpose:** To request a new PCN/position classification or reclassify existing PCN/position.

**Routing:** This form is to be completed by agency HR representative in conjunction with supervisor and agency fiscal representative; approved by agency appointing authority, then routed to DHR and DFM for approvals.

**Employee Information**

|  |  |
| --- | --- |
| Employee Name: Click or tap here to enter text. | Date: Click or tap here to enter text. |
| Employee PCN: Click or tap here to enter text. | Agency: Click or tap here to enter text. |
| Classification Code: Click or tap here to enter text. | Agency Contact #: Click or tap here to enter text. |
| Classification Title: Click or tap here to enter text. | Form Completed By: Click or tap here to enter text. |

\*If this form is being completed for multiple employees, attach a spreadsheet with the information outlined in this form.

**Type of Request**

Please refer to Idaho Statute 67-5303 (classified) and exempt from Idaho Code, Title 67, Chapter 53, but subject to Idaho Code, Title 59, Chapter 16 (non-classified).

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| --- |
| Establish a new PCN/position |
| Reclassify a current PCN/position |
| Other: Click or tap here to enter text. |

**PCN Information**

|  |  |
| --- | --- |
| **Current PCN Information** | **Proposed PCN Information** |
| Date Vacant (if applicable): Click or tap here to enter text. | Proposed Effective Date: Click or tap here to enter text. |
| Classified or Non: Click or tap here to enter text. | Classified or Non: Click or tap here to enter text. |
| Classification Title: Click or tap here to enter text. | Classification Title: Click or tap here to enter text. |
| Class Code: Click or tap here to enter text. | Class Code: Click or tap here to enter text. |
| Pay Grade: Click or tap here to enter text. | Pay Grade: Click or tap here to enter text. |
| Current Rate of Pay: Click or tap here to enter text. | Proposed Rate of Pay: Click or tap here to enter text. |
| Current FLSA Code: Click or tap here to enter text. | Proposed FLSA Code: Click or tap here to enter text. |

**Justification**

1. Describe the justification for the request (Include details to warrant the request such as evolution of responsibilities over time, reorganization, transfer or redelegation of duties from another position, and/or new functions not previously performed in the unit).
2. How did you determine the classification proposed?

**Attach Supporting Documentation (As Applicable)**

Organization Chart

Position Description Questionnaire or Position Review Summary

Other: Click or tap here to enter text.

**Fiscal Impact**

1. Is there a fiscal impact if for a reclass or due to a new position?  Yes  No
   1. If yes, which fund is affected? (check all that apply) General Fund Dedicated Federal
2. What does the annual amount change by fund? (list all fund numbers and amounts)
   1. Does this fit into your existing budget?  Yes  No
   2. If no, what is your plan to fund this reclass or new position ongoing?

**Agency Approval**

|  |  |
| --- | --- |
| Supervisor: Click or tap here to enter text. | Date: Click or tap here to enter text. |
| HR Representative: Click or tap here to enter text. | Date Click or tap here to enter text. |
| Fiscal Representative: Click or tap here to enter text. | Date: Click or tap here to enter text. |
| Appointing Authority: Click or tap here to enter text. | Date: Click or tap here to enter text. |