

**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).

|  |
| --- |
| [ ]  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. |