



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:	Today's Date:
Employee PCN:	Agency:
Classification Code:	Agency Contact Number:
Classification Title:	Person Completing this Form:

If the request is 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: _____

Current PCN Information¹

Date Vacant (if applicable):
Classified or Non-Classified:
Classification Title:
Class Code:
Pay Grade:
Current Rate of Pay:
Current FLSA Status:

Proposed PCN Information

Proposed effective date:
Classified or Non-Classified:
Classification Title:
Class Code:
Pay Grade:
Proposed Rate of Pay:
Proposed FLSA Status²:

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?

¹ Leave blank if the request is to establish a new PCN/position.

² Any potential implications related to FLSA changes (vacation accrual, etc.) should be discussed with employee(s) prior to reclassification.

ATTACH SUPPORTING DOCUMENTATION (AS APPLICABLE)

- Organization Chart
- Position Description Questionnaire (Supervisor) or Position Review Summary (Employee)
- Other: _____

FISCAL IMPACT

Is there a fiscal impact different than the budgeted position if for a reclass or due to a new position? Yes No

If yes, which fund is affected (check all that apply)? General Fund / Dedicated / Federal

What is the annual amount change by fund (list all fund numbers and amounts)?

Does this fit within your existing budget? Yes No

If no, what is your plan to fund this reclass or new position ongoing?

AGENCY APPROVAL

Supervisor: _____ Date: _____

HR Representative: _____ Date: _____

Fiscal Representative: _____ Date: _____

Appointing Authority: _____ Date: _____

DHR/DFM USE ONLY

Approved Denied

DHR Representative: _____ Date: _____

DFM Representative: _____ Date: _____