



# Personnel Review Commission

## Non-Bargaining Classification Plan Revision Request

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Agency: \_\_\_\_\_ Agency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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- Please submit this request form to your Human Resources representative.
- Once reviewed by HR, they will submit the request form to the PRC.
  - Please note that an individual request form is required for each classification.

1. Type of classification plan change requested:

Creation of a new classification (**A completed CPQ is required**)

Deletion of an existing classification specification

Classification Title \_\_\_\_\_ Job Number \_\_\_\_\_

Revision of an existing classification specification

Classification Title \_\_\_\_\_ Job Number \_\_\_\_\_

Type of Revision(s) Requested:

Classification Function

Distinguishing Characteristics

Essential Job Functions

Pay Grade Change

Minimum Training and Experience. If selected, will all current employees meet proposed Min. Quals.?  Yes  No

Additional Requirements. If selected, will all current employees meet proposed Min. Quals.?  Yes  No

Other \_\_\_\_\_

2. Please describe proposed changes and rationale for each change requested or why the new classification is needed. Feel free to use additional pages if necessary.

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Agency Director's Name:

Agency Director's Signature:

Date:

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HR Director/Designee's Name:

HR Director/Designee's Signature:

Date:

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