

# REQUEST FOR CLASSIFICATION REVIEW

TO: Director - Human Resources & Benefits Services  
1111 Franklin St., 9th Floor, Oakland, CA 94607-5200

(Please print on blue paper)

Incumbent:	Telephone:
Department:	Unit:

## CLASSIFICATION

Current:	Requested:
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Requested by Supervisor and Department Head

Requested by Employee\*

### COMMENTS ON NEED FOR RECLASSIFICATION:

(Information to be supplied by Supervisor/Department Head)

State what change(s) in the position have resulted in the need for a reclassification review.  
(Attach additional sheet if necessary.)

Comments by Department Head (on an individual's request)

### Please attach:

- \_\_\_\_\_ Position Information Packet which includes the Position Description showing duties, percentages of time, and signatures (with ADA essential functions noted) and Position Questionnaire (with ADA essential qualifications noted).
- \_\_\_\_\_ Most recent previously classified job description and organizational chart from that period.
- \_\_\_\_\_ Organization Chart
- \_\_\_\_\_ Job Descriptions for related positions which may be affected by the proposed action (with employee name, title and unit)
- \_\_\_\_\_ Other pertinent information

REQUEST APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of Department Head or Individual employee making request)

\*An employee requesting a review must provide the Department Head with a copy of the request and documents.