DEPARTMENT OF HUMAN RESOURCES OPERATIONS DIVISION
CLASSIFICATION REQUEST TRANSMITTAL
FISCAL YEAR 2009-2010

TO: Micki Callahan, Director of Human Resources Client Services Representative: _____	DATE:
FROM:	PHONE NUMBER:
DEPARTMENT:	DIVISION:
REQUESTED CLASS CODE AND TITLE: (indicate "various" for multiple requests)	# OF POSITIONS:

NATURE OF REQUEST:

- ☐ Classification of New/Unclassified Position
- ☐ Classification of existing position
- ☐ Special Assistant
- ☐ Project Manager
- ☐ New Budget Request
- ☐ TX (Diverted funds)
  - Duration _____
- ☐ Other _____

FUNDING SOURCE:

- ☐ Fiscal Year _____
- ☐ Permanent Budgeted
- ☐ Grant/Bond Funded
- ☐ Supplemental Appropriation
  - Date Approved _____
- ☐ Temporary Funds
- ☐ Proposed in Budget (FY _____)

BUDGETED CLASS CODE AND TITLE:	

TARGET DATE FOR IMPLEMENTATION OF RECOMMENDATION:

DEPARTMENT CONTACT PERSON FOR THIS REQUEST:

TITLE:	PHONE:

ATTACHMENTS:

- ☐ Job Analysis Questionnaire/Express Classification Form
- ☐ Organizational Chart
- ☐ Relevant sections of budget/legal/grant/contract requirements
- ☐ Information required for Project Manager request
- ☐ Information required for other requests

SIGNATURE OF APPOINTING OFFICER OR DEPARTMENT HEAD:	**DATE:**

(Do Not Write Below This Line)

DATE RECEIVED:	LOGGED IN BY:	TEAM ASSIGNED:
ANALYST:	DATE ASSIGNED:	DATE OF RECOMMENDATION:
DATE OF TEAM LEADER REVIEW:		
COMMENTS/RECOMMENDATION:		