

**DEPARTMENT OF HUMAN RESOURCES
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:				
<p>NATURE OF REQUEST:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Classification of New/Unclassified Position <input type="checkbox"/> Classification of existing position <input type="checkbox"/> Special Assistant <input type="checkbox"/> Project Manager </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> New Budget Request <input type="checkbox"/> TX (Diverted funds) Duration _____ <input type="checkbox"/> Other _____ </td> </tr> </table> <p>FUNDING SOURCE:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Fiscal Year _____ <input type="checkbox"/> Permanent Budgeted <input type="checkbox"/> Grant/Bond Funded </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Supplemental Appropriation Date Approved _____ <input type="checkbox"/> Temporary Funds <input type="checkbox"/> Proposed in Budget (FY _____) </td> </tr> </table>		<input type="checkbox"/> Classification of New/Unclassified Position <input type="checkbox"/> Classification of existing position <input type="checkbox"/> Special Assistant <input type="checkbox"/> Project Manager	<input type="checkbox"/> New Budget Request <input type="checkbox"/> TX (Diverted funds) Duration _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Fiscal Year _____ <input type="checkbox"/> Permanent Budgeted <input type="checkbox"/> Grant/Bond Funded	<input type="checkbox"/> Supplemental Appropriation Date Approved _____ <input type="checkbox"/> Temporary Funds <input type="checkbox"/> Proposed in Budget (FY _____)
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BUDGETED CLASS CODE AND TITLE:					
TARGET DATE FOR IMPLEMENTATION OF RECOMMENDATION:					
DEPARTMENT CONTACT PERSON FOR THIS REQUEST:					
TITLE:	PHONE:				
<p>ATTACHMENTS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Job Analysis Questionnaire/Express Classification Form <input type="checkbox"/> Organizational Chart <input type="checkbox"/> Relevant sections of budget/legal/grant/contract requirements <input type="checkbox"/> Information required for Project Manager request <input type="checkbox"/> 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:		