**Purpose:**

To allow an employee or a department to request the Department of Human Resources (DHR) to review the classification of a career service position. If an employee is submitting a job reclassification request because of a gradual accretion of or a significant change in duties and responsibilities, he/she must perform those new duties for at least one year prior to submitting the request.

**Instructions:**

To initiate a classification review of your position or an employee’s position within your department, please complete this form by providing the information requested below and a description of the primary duties and responsibilities of the position.

The completed form must be submitted to DHR via email at [classcomp@kingcounty.gov](mailto:classcomp@kingcounty.gov) or via mail at mail stop KSC-HR-0801.

* Employees should submit this form to DHR directly, without department human resources (HR) representative review/signature. Upon receipt, DHR will send a confirmation to the employee and follow up with the department HR representative to confirm the position’s primary duties and responsibilities.
* For department-initiated reclassification requests, the form must be submitted by the department or division Human Resources Manager.

If you have questions about completing this form or the review process, please contact your department human resources representative or call the classification and compensation information line at 206-477-3269.

*In the event that any provision of this form conflicts with an applicable provision of a collective bargaining agreement or binding past practices thereunder, the latter shall prevail.*

**Section 1 – Employee Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Request Initiator: | | Employee | Department-*Must be completed in conjunction with and submitted by the Department or Division Human Resources Manager.* | | | |
| Employee: |  | | |  | Current Classification: |  |
| Requestor: |  | | |  | Supervisor: |  |
| Department: |  | | |  | Manager: |  |
| Division: |  | | |  | HR Manager: |  |

**Section 2 – Eligibility**

To be eligible, an employee must be in a career service position.

|  |  |  |  |
| --- | --- | --- | --- |
| Position Status: | **Career Service** | **Term Limited Temporary** (TLT employees may be reclassified as part of a group classification, but only if it includes at least one career service employee) |  |

|  |  |  |
| --- | --- | --- |
| How long has the employee been in his/her current position? |  | |
| Has the employee’s job duties changed while in this position? | Yes | No |
| Within the past year, has the employee received special duty for any duties listed in Section 4 of this form? | Yes | No |

**Section 3 – Reason for Reclassification Request**

Explain why the position should be reclassified:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Optional**: | Requested Classification: |  |

**Section 4 – Job Duties & Responsibilities**

Provide a brief description of the purpose of the position:

|  |
| --- |
|  |

Describe position’s primary duties and responsibilities:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Work** | | | **% Of Time** | **New or Changed Work?** |
| **1.** |  | |  |  |
| HR Representative or Designee Confirmation of Duties: | | Agree1  Disagree (Please add comment) | | |
| Comment: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2.** |  | | |  |  |
| HR Representative or Designee Confirmation of Duties: | | Agree1 | Disagree (Please add comment) | | |
| Comment: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3.** |  | | |  |  |
| HR Representative or Designee Confirmation of Duties: | | Agree1 | Disagree (Please add comment) | | |
| Comment: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **4.** |  | | |  |  |
| HR Representative or Designee Confirmation of Duties: | | Agree1 | Disagree (Please add comment) | | |
| Comment: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5.** |  | | |  |  |
| HR Representative or Designee Confirmation of Duties: | | Agree1 | Disagree (Please add comment) | | |
| Comment: | | | | | |

1By checking Agree, the HR representative or designee confirms the duties as described. This does not imply agreement that a reclassification is warranted.

Additional Comments:

|  |
| --- |
|  |

**Section 5 – Supervisory/Lead Responsibilities**

|  |  |
| --- | --- |
| Role | Definition |
| Supervisor | Responsible for the work of two or more career service employees; sets performance expectations and standards; independently makes decisions in assigning, checking and approving work; schedules and approves time, hires, coaches, trains and recommends pay changes; evaluates performance (sign performance evaluations); imposes or recommends disciplinary actions and provides recommendations on grievances. |
| Lead | Assigned ongoing responsibility for two or more employees and has delegated authority to assign and check work, train new employees, recommend discipline to supervisor and participate in the performance appraisal process. |

|  |  |  |
| --- | --- | --- |
| Is the position a supervisor or lead position? | Supervisor | Lead |

|  |  |
| --- | --- |
| If supervisor or lead position, please list direct reports to employee: | |
| Employee(s) | Job Title |
|  |  |

**Section 6 – Signatures**

Please type in your name and the date below when you have finished completing/reviewing this form.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee |  | Date |
|  |  |  |
| Human Resources Representative or Designee2 |  | Date |

2Human resources representative or designee signature acknowledges receipt of reclassification request and review of Section 4 – Job Duties and Responsibilities. His/her signature does not imply agreement that a reclassification is warranted.