

CLASSIFICATION ACTION REQUEST

Please do not write above this line

AGENCY USE

CLASS/COMP USE

A. Classification Action Request

- Establish New Position – Include PDQ, Org Chart – Complete C, D, E, F, and G
 Review – Include PDQ, Org Chart – Complete B, C, D, E, F, and G
 Reallocation, Update PDQ, FLSA Review, Employee Initiated

Agency Contact Name – Phone No. – E-mail _____

B. Position Number

Job Code _____ Job Code Description (Title) _____

C. Agency Recommendation - Title

Job Code _____ Salary Schedule _____ Grade _____ Security Level / Location _____

Trng Code _____ At Will Status _____ Direct SPV Code _____ SPV Link _____ Eff. Date of Change _____

Process Level _____ Department _____ User Level/CK Locator _____ Location Code _____

D. Reason for Action Requested

E. Expense Account / Activity

Expense Account _____
 Activity _____

F. Law Enforcement Status

- G.** I DO DO NOT recommend this classification action.
 I DO DO NOT certify that funds are available to finance increased costs for this and the subsequent fiscal year without additional legislative appropriation and that A.R.S. § 35-174, commonly known as the "Vacancy Savings" law, will not be violated.

Signature of Agency Head or Authorized Rep _____ Title _____ Date _____

AGENCY SPECIFIC INFORMATION

- H. Drug Testing** _____ Yes No Space Availability
 Retirement Code _____ *If no, attach a memo stating your space requirements.*
 Female Inmate Contact _____

FROM:	FUND	DEPT.-	ACTV.	APPR.	RPTG.	FTE	ARMS
							<input type="checkbox"/> Y <input type="checkbox"/> N
TO:	FUND	DEPT.-	ACTV.	APPR.	RPTG.	FTE	ARMS
							<input type="checkbox"/> Y <input type="checkbox"/> N

Action Approved by ADOA Classification

Reason Code _____ Position # _____

Return No Action Incomplete Agency Cancelled Return No Change

Title _____ Job Code _____

Salary Schedule _____ Grade _____

New Job Code Required

Exempt from Overtime

FLSA Pay Plan

- Yes EXC EXP
 No NEXP

Salary Range \$ _____ to \$ _____

At Will Status _____ Law Enforcement Status _____

Mandatory Training _____ Ordinary Retirement Code _____

Analyst Contact Detail

- In-person / Audit
 By Phone / Fax / E-mail
 None

Physical Required Stamp

Contact _____ Date in _____

Date all info rec'd _____ Analyst _____

Data Entry Hold _____ HRIS Date _____

Effective Date if not Complete Date _____ Database _____

Analyst Signature _____ Date Complete _____

Comments: _____

SIGNATURE / AUTHORIZATION

DATE