

JOB CLASSIFICATION REVIEW FORM

County of Floyd, Indiana an Equal Opportunity Employer

This form is to be completed by the employee holding the position and/or the Elected Official/Department Head having hiring, promotion, and termination authority for the office/department. This form is intended to serve as a classification evaluation instrument for the Floyd County Council and Job Classification/Compensation Committee in reviewing requests for classification of jobs.

** Attach additional pages as needed; return to Human Resources.*

Job title _____ Payroll no. on
salary ordinance _____

Department _____ Date _____

Full-time Part-time Exempt Non-exempt

Current pay grade _____ Requested pay grade _____

Current pay \$ _____ per _____

Proposed pay \$ _____ per _____

Employee(s) in this position:

TYPE OF ACTION REQUESTED

- Create position Abolish position Seniority review
 Qualifications requirements review Pay policy application/interpretation issues
 Reclassification due to change in duties, responsibilities, work conditions, etc.
 Other *Please describe:*

**Questions 1 through 3 to be completed jointly by the employee and/or
Elected Official/Department Head initiating the review**

1. Describe why this new position/added employee/classification review is necessary.

2. Have you previously requested this new position/added employee/reclassification of this existing position? yes no
If yes, describe date and outcome of that request:

3. If this is a request for classification review of an existing position, review the current job description and make any revisions that are necessary to describe the job being performed. *Attach a copy of the existing job description with your revisions marked.*

Do these revisions constitute *additional* duties and responsibilities since the adoption of the existing job description? yes no If not, explain why the existing description is no longer accurate:

Questions 4 through 8 to be completed by Elected Official/Department Head

4. Are the job functions described on this form currently being performed by your office/ department?
 yes no If yes, name those job title(s) and classifications:

Job title _____ *Classification _____

Job title _____ *Classification _____

Job title _____ *Classification _____

** Current classification of position may be impacted by the creation of or reclassification of another position.*

5. Is this request a result of new legislation, a mandate or litigation? yes no
If yes, specify statute citation and/or case:

6. Is this request based on increased volume of work? yes no If yes, please explain:

7. If you answered yes, to question 6, are there existing technologies that could lessen the volume for this or related positions? yes no If yes, please describe, including estimated costs:

8. State specifically how creation of a new position/added employee/reclassification of this position would benefit the County:

AUTHORIZATION BY EMPLOYEE:

Signature of employee(s) assigned to the position being considered for reclassification.

I understand that this request in no way jeopardizes my employment, and that if the reclassification review proceeds, it may result in the position being upgraded, downgraded, or remaining classified the same.

Date _____
Employee signature

Date _____
Employee signature

Date _____
Employee signature

Date _____
Employee signature

AUTHORIZATION BY APPOINTING AUTHORITY:

Signature required by Elected Official/Department Head

I have reviewed this reclassification request with the employee(s), and agree disagree.
If *disagree*, please comment:

I understand that this request is subject to an organizational assessment of my office/department employment operations, and that I will be available to personally participate and provide requested information to the County Council, Job Classification/Compensation Committee, and consultants of the Council.

Signature of Elected Official/Department Head

Date _____

Name Printed