**County of Sonoma – Human Resources Department**

**Classification Study Request Form - New Classification Request**

**Instructions:**

1. Please read the [Classification Study Frequently Asked Questions](https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/human-resources/divisions-and-units/recruitment-and-classification-division/services/classification-and-compensation/classification-study-frequently-asked-questions) before completing this form.
	* Your assigned [Recruitment & Classification (R&C) Analyst, a Principal R&C Analyst, or the R&C Manager](https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/human-resources/divisions-and-units/recruitment-and-classification-division/staff-assignments) can address your questions about the new classification request process.
2. Please complete all sections of this form as thoroughly as possible. You may attach additional justification documentation to this form. However, submitting only a draft classification will not be accepted as a complete request.
3. Submit this form **and** your current and proposed organizational charts presenting where the position(s) will fit into your structure to the R&C Manager and your assigned R&C and County Administrator’s Office (CAO) Analyst.

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| **I. Requesting Department** | Click or tap here to enter text. |
| **II. Department Contact Information** (Name, email, phone number) | Click or tap here to enter text. |
| **III. Proposed Class Title** | Click or tap here to enter text. |

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| **IV. Summarize the purpose of the class** **and its level of authority.** (i.e.,management, supervisor, line staff, etc., and the 3-5 most important duties) |
| Click or tap here to enter text. |

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| **V. What business need has triggered the request for a new classification?*** Who authorized the changes?
* Why has the change occurred?
* How will the new classification meet this need?
 |
| Click or tap here to enter text. |

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| **VI. Please specify if the request is related to new laws, mandated services, etc., and justify how this new classification will address the need.**  |
| Click or tap here to enter text. |

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| **VII. Describe the alternatives that were analyzed.** |
| Click or tap here to enter text. |

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| **VIII. Include the number of Full-Time Equivalents (FTEs) anticipated for the new classification and justification.** (Ensure this matches the information in the proposed organizational chart submitted with this form.) |
| Click or tap here to enter text. |

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| **IX. Provide forecasted fiscal impacts and anticipated funding source(s).** (Please provide this information using your best-estimated cost for the new job classification.) |
| Click or tap here to enter text. |

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| **X. Other comments.** |
| Click or tap here to enter text. |

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| **XI. In the order of the most to the least critical, list duties, regardless of the percentage of time performing the duty.** | **Estimated % of time performing these duties** (Total should equal 100%) |
| 1. Click or tap here to enter text. | Click or tap here to enter text. |
| 2. Click or tap here to enter text. | Click or tap here to enter text. |
| 3. Click or tap here to enter text. | Click or tap here to enter text. |
| 4. Click or tap here to enter text. | Click or tap here to enter text. |
| 5. Click or tap here to enter text. | Click or tap here to enter text. |
| 6. Click or tap here to enter text. | Click or tap here to enter text. |
| 7. Click or tap here to enter text. | Click or tap here to enter text. |
| 8. Click or tap here to enter text. | Click or tap here to enter text. |
| 9. Click or tap here to enter text. | Click or tap here to enter text. |
| 10. Click or tap here to enter text. | Click or tap here to enter text. |

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| **XII. In the order of the most to the least important knowledge or skills required upon entry into the position.** (i.e., principles, practices, subjects, rules, processes, laws, legislation, etc.) | **Identify the level of knowledge or skill needed:*** C: Considerable (expert)
* W: Working (journey)
* S: Some (entry)
 |
| 1. Click or tap here to enter text. | Choose an item. |
| 2. Click or tap here to enter text. | Choose an item. |
| 3. Click or tap here to enter text. | Choose an item. |
| 4. Click or tap here to enter text. | Choose an item. |
| 5. Click or tap here to enter text. | Choose an item. |
| 6. Click or tap here to enter text. | Choose an item. |
| 7. Click or tap here to enter text. | Choose an item. |
| 8. Click or tap here to enter text. | Choose an item. |
| 9. Click or tap here to enter text. | Choose an item. |
| 10. Click or tap here to enter text. | Choose an item. |

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| **XIII. In the order of the most to the least important abilities required upon entry into the position.** (i.e., uses modern office equipment and software, leads or directs staff, meets deadlines, works well with…, etc.). |
| 1. Click or tap here to enter text. |
| 2. Click or tap here to enter text. |
| 3. Click or tap here to enter text. |
| 4. Click or tap here to enter text. |
| 5. Click or tap here to enter text. |
| 6. Click or tap here to enter text. |
| 7. Click or tap here to enter text. |
| 8. Click or tap here to enter text. |
| 9. Click or tap here to enter text. |
| 10. Click or tap here to enter text. |

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| **XIV. Certification/Education/Training.** (List areas of study and specific certifications, coursework, degrees, license special training, etc., a candidate may need to complete to perform the position’s duties. If certification or licensure is required, please specify, and cite any applicable legislature, codes, etc.)**Reminder:** Beyond legal/mandated requirements for licensure or certification, this section should primarily include the reliable predictors of performance for the body of work to be performed and not the desired qualifications that can be included in the recruitment process. |
| Click or tap here to enter text. |

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| **XV. Class title(s) and # of employees per title that would report to this position*** Lead: Typically responsible for providing lead direction to a group of lower-level staff while performing day-to-day work themselves, and providing feedback for performance reviews.
* Direct Supervisor: Typically has primary responsibility for assigning and reviewing work, hiring and selection, ensuring appropriate training and development, corrective employment actions, and completing and conducting performance evaluations.
 | **Lead****(Y/N)** | **Direct Supervisor****(Y/N)** |
| Click or tap here to enter text. | Choose an item. | Choose an item. |
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| **XVI. Who will this position report to, how will this person receive their work instructions, and what types of decisions must an employee in this position make on their own?** (e.g., all work needs to be reviewed and signed off, the employee receives initial direction and will be expected to determine work methods and solutions/results, etc.) |
| Click or tap here to enter text. |

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| **XVII. Who will this position interact with and what is the nature of that contact?**  |
| Click or tap here to enter text. |

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| **XVIII. What types of decisions must an employee in this position make on their own, and what would the consequence be if an error was made?** (e.g., failure to submit an agenda item on time would result in the item being postponed, etc.) |
| Click or tap here to enter text. |

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| **XIX. What, if any, unusual working conditions will this position have?** (i.e., physical demands, safety issues, shift work, etc.) |
| Click or tap here to enter text. |

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| **XX. In your opinion, are there position(s) in the County or other agencies that are similar to this position?** |
| Click or tap here to enter text. |

**Requested By:**

I/We have read the [Classification Study Frequently Asked Questions](https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/human-resources/divisions-and-units/recruitment-and-classification-division/services/classification-and-compensation/classification-study-frequently-asked-questions) before completing this form and understand why classification studies are conducted, and what factors justify and do not justify a classification study.

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Name Signature Date

**Department Approval:**

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Department Head or Designee Name Signature Date

**County Administrator’s Office Approval\*:**

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County Executive or Designee Name Signature Date

\*CAO approval on this form does not guarantee allocations will be approved as they are subject to funding availability and other considerations. Additionally, CAO approval indicates support for Human Resources to conduct a review of the request and determine if a class study is warranted.