

JOB DESCRIPTION AUTHORIZATION SUMMARY



JOB TITLE (Requested): _____
 DIVISION: _____
 DEPARTMENT: _____
 CREATED/REQUESTED BY: _____
 BOARD AGENDA DATE (Requested): _____

- NEW
- REVISED
- RECLASSIFICATION
- TITLE CHANGE
- OTHER

*Requested Date **MUST BE** at least eight (8) weeks prior to **submission** of this form.*

JOB INFORMATION REQUEST – TO BE COMPLETED BY REQUESTOR

1. Agenda Justification/Discussion:

2. Does this request affect multiple Divisions/Departments? Yes _____ No

3. Reports to: _____

4. Does this request affect current employees? *If "YES", please write a brief explanation. Otherwise, proceed to No. 5.* Yes No

5. Does the job description replace or revise a current job description? *If "YES", please continue. Otherwise, proceed to No. 6.*

a. Current job description title: _____

b. The following categories have been revised:

- Job Summary/Scope/Goal Certificates, Licenses, and Registrations
- Performance Responsibilities Knowledge, Skills, and Abilities
- Qualifications Education, Training, and Experience
- Other: _____

6. Funding Source:

_____	_____	_____	_____	_____	_____	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> No Change
FUND	SITE	PROJECT	FUNCTION	OBJECT	PROGRAM			

DIVISION/DEPARTMENT CHECK LIST

- Draft/Revised Job Description Uploaded to SharePoint
- Reviewed with Compensation Services
- Organizational Chart Before & After (Attached) *If applicable*
- Manpower Allocation Form (Attached) *If applicable*

 Author/Requestor Date
Director or Above

HR USE ONLY

Compensation

Classification:	_____	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> No Change
Pay Grade:	_____	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> No Change
Pay Type:	_____	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> No Change
Schedule:	_____	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> No Change
FLSA Status:	_____	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> No Change
Evaluation:	_____	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> No Change

Position Control

Job Title Code:	_____	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> No Change
DOE Value:	_____	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> No Change
EEO Code:	_____	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> No Change
Position No.:	_____	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> No Change

 Compensation Approval Date
Director of Compensation or Designee

FINAL REVIEW AND APPROVAL

 Reviewer Date
Cabinet Level Approver

 HR Approval Date
Chief Human Resources Officer or Designee