

Classification Request Form Title Change, Reclassification, or New Position

Request Type:

Organization Information			
Division Name:		Extension:	
Department Name:		Date Requested:	
HBU Number:		Effective Date:	

Incumbent Affected (if applicable)			
Employee Name		Employee ID	
Current Pay	\$	Proposed Pay	\$

Current Position Information			
Position Title		Pay Grade	
Position ID		Exemption Status	
Supervisor's Name		Supervisor's Title	

Proposed Position Information (Complete any fields that apply)			
Proposed Position Title		Proposed Position ID	
Proposed Pay Grade		Proposed Exemption Status	
Proposed HBU		Are changes to the job description necessary?	

For New Positions Only:	
Mid-Year or New Fiscal Year Add:	
Number of New Positions Requested:	

Justification (Reclassification and New Position)
<p>Explain why this position needs to be reclassified or added. Please address the following questions:</p> <p>1. How have the duties and responsibilities of the position changed?</p> <p>2. Is this position necessary due to upcoming legislative regulations, legal compliance or City Council directives? Please attach a copy of the legislative (or other) action with the effective date.</p>

**Classification Request Form
Title Change, Reclassification, or New Position**

Justification (Reclassification and New Position)

3. How is this position needed to maintain effective service delivery or to provide a new/expanded service or program?

4. What is the greatest value this position brings to the organization?

5. How could work be completed without this position?

6. Which City of Denton jobs do you consider similar in nature, function, scope, responsibilities, complexity, etc. to the requested position?

Funding:

Describe in detail how you will fund the increase to this position, if applicable. Include separate attachments if necessary. (current budget or salary savings is not a sufficient explanation of funding)

Department Approval:

Provide approval through the appropriate level up to the Department Head.

Supervisor's Signature

Date

Director's/General Manager's Signature (Authorization Required)

Date

Classification Request Form
Title Change, Reclassification, or New Position

Human Resources:	
An HR Representative from the Human Resources Department will sign this section to confirm the suggested classification of the position.	
_____	_____
Human Resources Representative's Signature (Authorization Required)	Date

Budget Authorization:	
A Budget Representative from the Finance Department will sign this section to confirm that funding is available.	
_____	_____
Budget Representative's Signature (Authorization Required)	Date

City Manager's Office Approval:	
The following signatures authorize Human Resources staff to process the request.	
_____	_____
Assistant/Deputy/City Manager's Signature (Authorization Required)	Date