



State of Idaho Classification Review Request Form

Purpose: To request a new position or reclassify existing position.

Routing: This form is to be completed by agency HR representative in conjunction with supervisor and agency fiscal representative; approved by agency appointing authority, then routed to DHR and DFM for approvals.

Employee Information

Employee Name: _____

Employee ID #:

Employee Position #:

Agency:

Date Form Completed:

Form Completed By:

Agency Contact #:

*If this form is being completed for multiple employees, attach a spreadsheet with the information outlined in this form.

Type of Request

Please refer to Idaho Statute 67-5303 (classified) and exempt from Idaho Code, Title 67, Chapter 53, but subject to Idaho Code, Title 59, Chapter 16 (non-classified).

- Establish a new position
- Reclassify a current position
- Other:

Position Information

Current Position Information

Date Vacant (if applicable):

Classified or Non:

Job Name:

Job Number:

Salary Structure Grade:

Current Rate of Pay:

Current FLSA Code:

Proposed Position Information

Proposed Effective Date:

Classified or Non:

Job Name:

Job Number:

Salary Structure Grade:

Proposed Rate of Pay:

Proposed FLSA Code:

Justification

1. Describe the justification for the request (Include details to warrant the request such as evolution of responsibilities over time, reorganization, transfer or redelegation of duties from another position, and/or new functions not previously performed in the unit).

2. How did you determine the job proposed?

Attach Supporting Documentation (As Applicable)

- Organization Chart
- Position Description Questionnaire or Position Review Summary
- Other:

Fiscal Impact

1. Is there a fiscal impact if for a reclass or due to a new position? Yes No
 - a. If yes, which fund is affected? (check all that apply) General Fund Dedicated Federal
2. What is the budgeted salary and benefits information if approved? (Please include this information in the Provide Other Information Helpful In Understanding This Position section of the Luma action)

Budgeted Salary (total annual salary):
Benefits (total health and variable benefits):
3. What does the annual amount change by fund? (list all fund numbers and amounts)
 - a. Does this fit into your existing budget? Yes No
 - b. If no, what is your plan to fund this reclass or new position ongoing?

Agency Approval

Manager:	Date: _
HR Representative:	Date
Fiscal Representative:	Date:
Appointing Authority:	Date: