

**CITY OF SANTA MONICA
HUMAN RESOURCES DEPARTMENT**

CLASSIFICATION STUDY REQUEST FORM

All information requested on this form must be completed prior to submitting the request to the Director of Human Resources. Any additional materials relevant to the request should be submitted together with this form.

A. Individual initiating request: _____
(Name/Title)

B. Position to be studied: _____
(Classification)

_____ New Position _____ Existing Position (Check one)

1. Present classification,
if an existing position: _____

2. Name of incumbent,
if any: _____

3. Name of immediate
supervisor: _____

4. Program/division to which
position is assigned: _____

5. Work location: _____

6. Telephone number: _____

C. Justification:

1. For **a new position**, please attach a draft description of all duties to be performed, and skip ahead to question #3.

2. For **an existing position**:

- a. How have the duties and responsibilities of the position changed?

- b. If new duties and responsibilities were added, are there any duties and responsibilities that have been deleted? If so, describe them and indicate who, if anyone, is handling the duties deleted from this position.

- c. When did the change in duties and responsibilities occur?

- d. If another employee previously handled the duties and responsibilities now assigned to this position, indicate who it was (by name and classification.)

- e. If this position was studied during last year's budget development process, please describe any changes in the duties/responsibilities of this position that have occurred in the last year.

3. What has caused this change? Please attach relevant documentation if appropriate.

D. Department's Proposals

1. Is there an existing classification which you feel is appropriate? If so, what is it?
-

2. If not, what new title/concept would you suggest?

3. Is there any other position(s) of which you are aware which performs similar work? If so, what is the title of this position(s) and where is it located (department and division)?

E. Certification of person initiating request:

Name and Title (print): _____

Signature: _____

F. Department Head Certification:

I support / do not support (circle one) this request for the following reasons:

Name and Title (print): _____

Signature: _____

Date: _____