![City of Oakland logo] **CITY OF OAKLAND**

DEPARTMENT OF HUMAN RESOURCES MANAGEMENT
RECRUITMENT & CLASSIFICATION DIVISION

**CLASSIFICATION/COMPENSATION
REQUEST FORM**

DHRM Use Only
Time/Date Stamp

REQUESTING AGENCY/DEPARTMENT:	DIVISION/UNIT:

REQUEST INITIATED BY: ☐ Department   ☐ Employee   ☐ Department of Human Resources Management

For all applicable action(s) requested, fill in corresponding section(s) below:

☐ **CLASSIFICATION STUDY:** The scope of duties and responsibilities required by the position has changed. (e.g., previously non-supervisory and now supervises staff, including performance appraisals.) Attach a Position Description Questionnaire (PDQ) form.

Incumbent name:	Phone:
Current Classification Title:	# of months in position:
Supervised by:	Phone:

☐ **CREATE NEW SPECIFICATION:** General information about duties and responsibilities must be attached. A rough draft of the job description is desirable.

Possible title(s) for new classification:	
The duties are currently being performed: ☐ No ☐ Yes (fill out incumbent name below)	
Incumbent name (if applicable):	Phone:

☐ **UPDATE CLASS SPECIFICATION:** The complexity of duties has changed requiring higher levels of knowledge, skills and abilities utilized on a regular and continuing basis AND/OR new requirements for education and training, experience or certification are necessary. Attach a brief description of changes.

Exact Classification Title:	Job Class Code:

☐ **COMPENSATION REVIEW:** A survey of other jurisdictions/agencies is needed to compare the classification's pay rate and related information.

Exact Classification Title:	Job Class Code:

MANAGER APPROVAL: _____   DATE: _____

AGENCY/DEPARTMENT
DIRECTOR APPROVAL: _____   DATE: _____

Note: Once approved, please retain a copy for departmental records and forward the original including PDQ Parts I & II (if applicable) along with any supporting documentation to: Department of Human Resources Management, ATTN: Classification Supervisor, 150 Frank H. Ogawa Plaza, 2nd Floor. If you have any questions, please contact your DHRM SPOC for assistance.

FOR INTERNAL USE ONLY:

Class Supervisor review:	Complete Packet? ☐ Yes = Assign to staff ☐ No = Return to dept.	Date assigned:	Analyst name:	Due date:

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REV. 01.28.11