

## Submission Form Class Action Request for Classification Review

Department of Human Resources - Classification Division

[DHR.Classification@vermont.gov](mailto:DHR.Classification@vermont.gov)

***Before completing this form, please review the online Job Classification Guidance for Class Reviews and Managers/HR Staff.***

1. Date:

2. Agency/Department:

3. Contact Name:

Contact Email:

Contact Phone:

4. HR Manager or Administrator Name:

5. Current and Requested Job Class Information:

Current Job Title		Requested Job Title	
Current Job Code		Requested Job Code	
Current Pay Grade		Requested Pay Grade	

6. Total Number of Positions subject to this review:

7. Attach the VTHR Position Control Report in Excel format to include each position subject to this Class Action Request for Classification Review. Exclude positions not subject to this review, do not otherwise modify the format. Please do NOT use any other report for providing this information. To obtain a copy of the position control report for your agency or department please contact your HR Manager, HR Administrator, or email the Classification Division at: [DHR.Classification@vermont.gov](mailto:DHR.Classification@vermont.gov).

8. Please list the names and employee ids for employees who are currently in a temporary reallocation, interim-fill, or otherwise in a temporary assignment situation that is not obvious from the attached Position Control Report.

9. Attach organizational charts showing the current organizational structure, and organizational charts showing changes to the organizational structure occurring in conjunction with this request for classification review (such as changes in supervisory relationships).

10. Do employees know this review is being submitted:      Yes      No, if no, explain:

11. Are you submitting multiple Class Action Requests for Classification Review?      Yes      No  
If yes, are these reviews related to this request?      Yes      No. Please briefly explain the other reviews, including title and number of positions.

12. What are the specific reasons prompting this review? Summarize new job duties since the last review.

13. Have the specific changes to this job class been outlined clearly in the attached Request for Classification Review form?      Yes      No, if no please include that information here:

14. Attach draft job specifications (new or revised).

15. Are any positions included in this review currently under recruitment?      Yes      No. If yes, please be aware that it is your responsibility to coordinate with the DHR Recruitment division to complete current recruitments before a final decision on this Request for Classification Review is released. You should not recruit under the old job specifications once a decision has been released, to allow a smooth implementation of the results of the classification review.

16. Is there other information that will help DHR Classification complete this review, or that will assist the speedy implementation of the final decision?

**Submission Form Class Action Request for Classification Review**

Department of Human Resources - Classification Division

[DHR.Classification@vermont.gov](mailto:DHR.Classification@vermont.gov)

17. Work with the Department/Agency's Business Office to calculate the estimated retroactive payment as outlined in the Collective Bargaining Agreement as if the review were to be processed as requested. Estimate the retroactive payment by using the first pay period after the date in which the Class Action Request will be submitted. Estimate the total cost (FICA, retirement, OT estimate) for the current and next fiscal year and provide details of the calculations below or attached details in a separate Excel document.
  
18. If this review results in an upgrade as requested, does the Business Office believe they will need to request a Budget Adjustment for the current fiscal year?      Yes      No

## Submission Form Class Action Request for Classification Review

Department of Human Resources - Classification Division  
[DHR.Classification@vermont.gov](mailto:DHR.Classification@vermont.gov)

By signing this form, you acknowledge that you are aware of this Class Action Request for Classification Review, you have reviewed the required attachments, and that you understand that failure to include required attachments will result in this request being returned as incomplete, and the effective date will be based on receipt of complete Requests for Classification Review and all attachments.

### **Required Attachments are included:**

- Request for Classification Review Form (signed by the Supervisor and Appointing Authority)
- Position Control Report showing positions under review.
- Organizational Charts (both before and after if appropriate).
- Draft Job Specifications (revised or new).

**Required Signatures:** use of electronic signature only is okay if clearly legible.

<b>Person Submitting/Contact</b>
Type or Print Name and Title:
Signature/Date:
<b>Appointing Authority</b>
Type or Print Name and Title:
Signature/Date:
<b>HR Manager/HR Administrator</b>
Type or Print Name and Title:
Signature/Date:
<b>Optional Signatures</b>
Type or Print Name and Title:
Signature/Date:
Type or Print Name and Title:
Signature/Date:
Type or Print Name and Title:
Signature/Date: