

Change In Classification Plan

Initiated by (HR Agency Staff Member):	Requesting Agency:	Date of Request:
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Check Nature of Change:

*Requires Pre/post Hay Evaluation Decision Form

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|---|---|---|
| <input type="checkbox"/> Class Establishment* | <input type="checkbox"/> Class Title Change | <input type="checkbox"/> Bargaining Unit Change |
| <input type="checkbox"/> Classified | <input type="checkbox"/> Class Abolishment | <input type="checkbox"/> Class Merger |
| <input type="checkbox"/> Unclassified | <input type="checkbox"/> Salary Range Reassignment* | <input type="checkbox"/> Other Change _____ |
| <input type="checkbox"/> _____ Stat. Auth. (4 characters) | | |
| <input type="checkbox"/> Class Reestablishment | | |

Class Information:

Full Class Title: _____
(no abbreviations)
(30 character title including spaces)
(10 character short title including spaces)

Job Code:	Barg. Unit #	Set ID:	Grid ID:	Comp Code	Range and Max Step #	Prog. Code (BU 216 only):
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If applicable, indicate former: Class Title:	Job Code:	Barg. Unit #	Set ID:	Grid ID:	Comp Code	Range & Max Step	Prog. Code (BU 216)
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FLSA Status (Include FLSA checklist for exempt positions):	<input type="checkbox"/> Non-exempt	<input type="checkbox"/> Administrative exemption	To be completed by Chief Classification Analyst
	<input type="checkbox"/> Executive exemption	<input type="checkbox"/> Professional exemption	
Job Grouping:			
Career/Job Family:			
EEO-4 Job Category:		Non-supervisory Barg. Unit:	
WCRA (Workers' Comp) Code:			
HR Management Division Member:			

Required Approvals:	HR Management Division Supervisor <small>(all requests)</small>	Date:
	Chief Classification Analyst: <small>(all requests)</small>	Date:
	Asst State Negotiator/Compensation Mgr: <small>(Class Establishments, Salary Range Re-assignments, Bargaining Unit Change, Class Merger, Other, Commissioner/Mgr Plan changes)</small>	Date:
	Labor Relations Representative: <small>(Class Establishments, Salary Range Re-assignments, Bargaining Unit Change, Class Merger, Other)</small>	Date:

<p>Approved by the Commissioner of Minnesota Management & Budget</p> <p>Effective as of _____ Date</p>	<p>Determined by Compensation Manager</p>
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