

# Class Option Action Form

- Establish new option
- Associate existing option
- Abolish option
- Disassociate option
- Retitle option

Date:

Class:

Class Code:

Requesting Agency:

\*Bargaining Unit:

Requested by:

Phone #:

Title of Option:

6 character option code:

4 digit option #:

Rationale (write out or attach information from agency):

\*If an AFSCME unit. Will the option be used for:

- Selection only  or  
Both selection and layoff (class option)

Note: AFSCME agreement requires offering employees the opportunity to compete through the selection process before filling vacancies in a new class option.

Is this an existing option already used for other classes? Yes  No  (See option table)

If new, will option be used in more than one agency? Yes  No

Which others?

Will option be used with other classes? Yes  No  If yes, list class title(s) and code(s):

How is the option being established/changed?

- Selection Process
- Reallocation. If this will abolish option for previous class, list class title and code below:
- Other. Explain:

Staffing Rep. \_\_\_\_\_ Date \_\_\_\_\_

Union notice-AFSCME class options and all MAPE: \_\_\_\_\_

Original to Class Clarification File