**Job Class Creation/Modification Request**

This form is to be used for Job Classes that are NOT under the jurisdiction of the State Human Resources (State HR). Complete this form to request the creation of a new Job Class or a revision/modification to an existing Job Class.

|  |  |  |  |
| --- | --- | --- | --- |
| Request Initiated By  Enter text | | Agency  Enter text | |
| Phone  Enter text | | Email  Enter text | |
| **Create A New Job Class** | | | |
| Effective Date  Enter date | | Agency Unique Class Code  Enter text | |
| Agency Job Class Title  Enter text | | Pay Scale/Grade Type  Choose an item. | |
| Pay Scale/Grade Area  Choose an item.  Other Enter text | | Pay Scale/Grade Group  Enter text | |
| EEO Code  Choose an item. | | Is the Job Class for  State Employee  Non-State Employee | |
| Overtime Eligible  Overtime Exempt | | Workforce Indicator:  Select Option | |
| **Revise/Modify An Existing Job Class** | | | |
| Effective Date Enter date | | | |
| **Action** | **Current** | | **New** |
| SAP Job Class Number | Enter text | | (SAP Job Class Number does not change) |
| Agency Unique Class Code | Enter text | | Enter text |
| Job Class Title | Enter text | | Enter text |
| Pay Scale or Pay Grade | Enter text | | Enter text |
| Job Class EEO Code | Enter text | | Enter text |
| **Agency Designated HR Approving Authority** | | | |
| Director’s/Designee’s Signature (required)  Enter text | | Date  Enter date | |

|  |  |
| --- | --- |
| **State HR Labor Relations Section Approval Required for State Patrol and Marine Division Changes** | |
| Labor Relations Signature (required)  Enter text | Date  Enter date |

**Submit signed form to:** [**classandcomp@ofm.wa.gov**](mailto:classandcomp@ofm.wa.gov)