

# 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.

## Requestor Information

Request Initiated By:

Agency:

Email:

Phone:

## Create A New Job Class

Effective Date Agency:

Unique Class Code:

Agency Job Class Title:

Pay Scale/Grade Type:

Pay Scale/Grade Area:

Pay Scale/Grade Group:

Other:

EEO Code:

Is the Job Class for:

State Employee

Non-State Employee

Workforce Indicator:

Overtime Eligible

Overtime Exempt

## Revise/Modify an Existing Job Class

Effective Date:

### Action

SAP Job Class Number:

(SAP Job Class Number does not change)

Agency Unique Class Code:

**Current:**

**New:**

Job Class Title:

**Current:**

**New:**

Pay Scale/Grade Type:

**Current:**

**New:**

Pay Scale Area:

**Current:**

**New:**

Pay Scale Group:

**Current:**

**New:**

Job Class EEO Code:

**Current:**

**New:**

## Required Signatures

*Please type your full name in the signature fields. Do not use E-sign features or insert signature images.*

**Comments/Other Information (if applicable):**

### Agency Designated HR Approving Authority:

Director's/Designee's Signature (required):

Date:

### State HR Labor Relations Section Approval Required for State Patrol and Marine Division Changes.

Labor Relations Signature (required):

Date:

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