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: Choose an item
Pay Scale/Grade Area: Choose an item
Pay Scale/Grade Group:
Other (ex. step):
EEO Code: Choose an item
Is the Job Class for:

◯ State Employee ◯ Non-State Employee

Workforce Indicator: Choose an item

◯ 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: Choose an item

New: Choose an item

Pay Scale Area:

Current: Choose an item

New: Choose an item

Pay Scale Group:

Current:

New:

Job Class EEO Code:

Current: Choose an item

New: Choose an item

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