

## CONDENSED POSITION DESCRIPTION QUESTIONNAIRE (CPDQ)

CLASSIFICATION REQUEST	
<i>Please complete this form, review with department/division personnel, obtain any necessary approvals as outlined in the Council and HR Requirements Matrix, and forward to your HR consultant. In addition, please include your division's most recent Organization Chart.</i>	
This request is for a: <input style="width: 200px; height: 20px;" type="text"/>	
Department Name: _____	Position Number: _____
Division Name: _____	Division Number: _____
Information Regarding Vacant Existing Allocation	
Current Job Title/Grade: _____	Job Code: _____
New Existing Title/Grade: _____	

Agency Budget Impact:
<input type="checkbox"/> 1) There <b>is no</b> budget increase to this year or subsequent year's budgets resulting from this position classification change. Please provide an explanation below:
<input type="checkbox"/> 2) There <b>is</b> an increase to this year or subsequent year's budgets. Below is a summary of the budget impact:
<input type="checkbox"/> 3) The budget impact for this classification change is unknown at this time.

**Business Justification:** Please provide a brief summary of the organization need or business justification for this position classification request.

**Department/Division Approval Signatures**

By providing approval and electronically signing below, this certifies that processing this classification action does not have a negative impact on the current year's personnel budget. Any budgetary impact has already been addressed and approved by the Council, as needed.

<b>Elected Official or Department Director</b>	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: <input type="text"/>
<b>Division Director/ Administrator</b>	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: <input type="text"/>
<b>Immediate Supervisor</b>	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: <input type="text"/>
<b>Immediate Supervisor's Title:</b> <input type="text"/>		
<b>E-Mail:</b> <input type="text"/>		<b>Phone Number:</b> <input type="text"/>

**HR Consultant Contact Information**

Consultant	E-Mail	Phone
Tony Summers	<a href="mailto:asummers@slco.org">asummers@slco.org</a>	(385) 468-0586
Tracy Byington	<a href="mailto:tbyington@slco.org">tbyington@slco.org</a>	(385) 468-0588
Martinha Penrod	<a href="mailto:mpenrod@slco.org">mpenrod@slco.org</a>	(385) 468-0592
Stephanie Ross	<a href="mailto:smross@slco.org">smross@slco.org</a>	(385) 468-0589
Heather Hancock	<a href="mailto:hhancock@slco.org">hhancock@slco.org</a>	(385) 468-0591