

**CITY OF LITTLE ROCK HUMAN RESOURCES DEPARTMENT
FORM HR-2A (CLASSIFICATION REVIEW REQUEST)**

A review of a position's classification or grade may be initiated by the position incumbent or his Department Director. The incumbent may initiate the review process by completing PART 1 of this form and submitting it to his Department Director via his immediate supervisor. The Department Director must complete PART 2 of this form and forward it to the Human Resources Department, Classification Division. The Department Director may initiate the review process by completing PARTS 1 AND 2, and forwarding the completed form to the Human Resources Department, Classification Division.

PART 1: TO BE COMPLETED BY THE EMPLOYEE OR DEPARTMENT DIRECTOR

(Additional pages may be attached, if necessary.)

EMPLOYEE (S) NAME: _____
JOB TITLE AND GRADE: _____
DEPT. AND DIVISION: _____
IMMEDIATE SUPERVISOR: _____

1. List all duties in the current job description which are no longer performed.

2. List all duties performed which are not included in the current job description.
If the position is currently filled, has the incumbent performed the new duties for a minimum of six (6) months?
 YES NO

3. List all factors or changes in duties which may not be adequately reflected in the current job description.

SIGN BELOW, ONLY IF PART 1 WAS COMPLETED BY THE EMPLOYEE

EMPLOYEE _____ DATE _____

IMMEDIATE SUPERVISOR _____ DATE _____
(The immediate supervisor's signature does not necessarily indicate agreement with Part 1.)

PART 2: TO BE COMPLETED BY THE DEPARTMENT DIRECTOR

(Additional pages may be attached, if necessary.)

1. If the employee completed PART 1 of this form, do you agree with the employee's statements concerning deleted duties, added duties or other changes?

YES NO If no, please list any exceptions below.

2. Please provide an explanation of what occurred that precipitated the change(s) in job duties and responsibilities. In your opinion, do these changes or any other factors warrant a reclassification?

YES NO

(An explanation is required; otherwise, there may be a delay in the classification review process.)

DEPARTMENT DIRECTOR SIGNATURE

DATE

FORWARD THIS FORM TO THE HUMAN RESOURCES DEPARTMENT, CLASSIFICATION DIVISION IMMEDIATELY UPON COMPLETION.