



MOBILE COUNTY PERSONNEL DEPARTMENT

CLASSIFICATION/POSITION ACTION FORM

INSTRUCTIONS: Complete each section as applicable for the specific request. Attach additional sheets for additional information in any section, if needed.

This form should be completed for any requested action on classification(s) or position(s) within the Mobile County Merit System. Please complete one Action Form per request.

JURISDICTION: _____

DEPARTMENT/DIVISION: _____

NAME OF APPOINTING AUTHORITY/OTHER OFFICIAL: _____

SIGNATURE OF APPOINTING AUTHORITY/OTHER OFFICIAL: _____

CONTACT NAME (For additional information about this request):

CONTACT NUMBER: _____ **EMAIL:** _____

DATE OF REQUEST: _____

TYPE OF ACTION REQUESTED:

- A. Create new classification
- B. Amend existing classification
- C. Create additional position(s) (in existing class)
- D. Salary grade amendment
- E. Other:

CURRENT JOB TITLE (if B, C, D or E):

PROPOSED JOB TITLE (if A or B):

CURRENT SALARY GRADE: _____ **PROPOSED SALARY GRADE** (if A or D): _____

NUMBER OF POSITIONS (OR ADDITIONAL POSITIONS) REQUESTED (if A or C): _____

TYPE OF POSITION (FT, PT, TEMP, SEAS, SUPN, etc.) (if A or C): _____

JUSTIFICATION/REASON FOR REQUEST:

Purpose of this job (if A, B, D or E):

(A description of why this classification and/or position exists)

Indicate **tasks, duties and responsibilities** of job (if A, B, D or E):

(For example: "Maintains accurate records of customers and transactions" or "Makes minor repairs to equipment to ensure efficient operation.")

List the **Essential Requirements** of this job (knowledge, skills and abilities) (if A, B, D or E):

(For example: "Good knowledge of the principles, practices and terminology of medical record keeping" or "Ability to load and unload heavy equipment in a safe manner.")

List the **Minimum Qualification Requirements** of this job (education and experience required to satisfactorily perform this job) (if A, B, D or E):

List any **Special Requirements** for this job (specific licenses, certifications, etc. required) (if A, B, D or E):

List any **Physical Requirements** or physical aspects **required** for this job (lifting, walking, standing, sitting, etc.) (if A, B, D or E):

List any **Distinguishing Features** of this job (shiftwork, required overtime, working environment, etc.) (if A, B, D or E):

Is someone currently performing the duties of this job? (if A, B, D or E) If so, indicate name:

Supervisor of this classification (if A, B, D or E):

Classifications supervised by this position (if A, B, D or E):

Please attach additional sheets to provide more information for any areas, if needed.
If you have any questions regarding the completion of this form, contact
Gloria Reed at 445-4571 or Brenda Gordon at 445-4557.