

## Position Evaluation Request

Date: \_\_\_\_\_

From: Elected Official/Department Head, \_\_\_\_\_  
Signature

ELECTED OFFICIALS/DEPARTMENT HEADS SHALL USE THIS FORM TO NOTIFY THE PERSONNEL DEPARTMENT OF ANY SITUATION WHICH:

- A. The department has experienced difficulty hiring qualified individuals in the position because of the grade assignment.
- B. The department has experienced turnover in the position because of the grade assignment.
- C. The position has undergone significant changes. Specific duties have been added or deleted since the last evaluation.

Position Title: \_\_\_\_\_

Position Control Number (PCN): \_\_\_\_\_

Briefly state the essential function of this position. The performance of this function is the reason it exists.

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A. This department has experienced difficulty hiring qualified individuals in this position as follows:

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B. This department has experienced turnover in this position as follows:

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If this position has undergone significant changes since last evaluated on \_\_\_\_\_  
 complete the following: \_\_\_\_\_ Date

1. Will the incumbent continue to perform all duties and responsibilities on existing job description?

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- A. Which duties will be deleted? Percent of time each month on each task should be approximated and identified.

% Time


- B. Which duties have been added? Percent of time spent each month on each task should be approximated and identified. For each new function listed below describe: **New responsibility, equipment used, skills required, abilities required.**

% Time


2. Were the new duties and responsibilities previously being performed by another position? If so, what position and why were they transferred to this position? Are these new duties a new responsibility within the department? Has there been any increase or decrease in the departmental staffing that created these new responsibilities? Explain:

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3. Attach organizational chart. Have there been any changes in supervisory responsibilities? If so, explain and list persons supervised:

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4. What is the recommended level of education and experience needed at entry to perform this position?

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- A. Has the education and experience level changed in comparison to the existing job description?

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- B. Why has the experience and/or education level changed?

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C. Does the incumbent possess the required level of education and experience?

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5. Are you aware of any comparable positions within the county government, other municipalities, or the private sector, that are closely related to this position regarding the duties and responsibilities. If so, list:

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6. Will the proposed change in this Evaluation Request affect the reporting level in the organizational chart of the department? If so, explain the change:

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7. Provide any additional information that will be helpful in the requested evaluation review.

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**THE ELECTED OFFICIAL/ DEPARTMENT DIRECTOR COMPLETE THIS  
EVALUATION REQUEST AND ROUTES IT TO THE HUMAN RESOURCES  
DIRECTOR.**