

APPOINTING OFFICER—APPLICATION FOR CHANGE IN TITLE OR SALARY

DO NOT WRITE IN THIS SPACE

TITLE:

SALARY:

FILES:

CC-DATED:

BUDGET ACTION:

SUBSEQUENT ACTION:

TECHNICAL SECTION:

CONTROL NO:

This form is used for requesting changes in present job titles, salary grades, or both. Follow instructions carefully and answer all questions. IMPROPERLY PREPARED FORMS WILL BE RETURNED FOR REVISION. Attach additional sheets as needed. Submit ORIGINAL COPY ONLY to:

New York State Department of Civil Service
Classification and Compensation Division
The W. Averell Harriman State Office Building Campus
Albany, New York 12239

1. Last Name			First Name			Initial			2. Incumbent <input type="checkbox"/> Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary			Present			3. Item No. New (If applicable)		
4. Department/Agency/Institution						4a. Dept. Code			5. Division/Bureau Present: Requested:						6. Loc. Code Pres: Req:		
7. Section/Unit Present: Requested:						8. Work Address Present: Requested:											
9. Present Title and Salary Grade									Title Code			Jur. Cl			Neg Unit		
10. Requested Title and/or Salary Grade									Title Code			Jur. Cl*			Neg Unit**		

* A position is in the competitive jurisdictional class unless the Civil Service Commission rules otherwise. Requests for additions or other changes to the exempt, non-competitive or labor jurisdictional classes must be submitted, in detail, to the Civil Service Commission.

** Negotiating unit requests for new titles or managerial/confidential designation of individual positions in titles assigned to a unit must be justified on a separate sheet.

11. For new titles, list suggested Occupational Requirements (education, experience licenses and required knowledge, skills and abilities) on a separate sheet.

12. Name and official title and grade of the immediate supervisor (person directly in charge who assigns work to the position and approves it upon completion).

13. Supervision over others. Give the following information about each position over which the incumbent exercises direct supervision. Attach additional sheets if needed. *ALSO ATTACH AN ORGANIZATIONAL CHART* showing the position in relation to other positions and units.

Position Title and Grade	Item No.	Name of Incumbent	Section/Unit
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. **SUMMARY STATEMENT** of purpose, functions and responsibilities of position. Attach additional sheets as needed.

15. **DESCRIPTION OF ACTIVITIES AND TASKS:** List the major activities performed. Estimate the percentage of total time spent on each activity. Under each activity describe the typical tasks. Be specific. Use short statements beginning with active verbs. Indicate, **WHAT** is done, **TO** whom or to what, **HOW**, and for what **PURPOSE**. Indicate frequency (daily, weekly, etc.) of each task. Attach additional sheets as needed.

Per Cent of Total Time	Frequency	

16. How long have the duties been substantially as stated in question 15? _____ years _____ months.

17. Give specific reasons for believing that the requested title and/or salary grade is more appropriate and list other specific positions or titles with which your position should be compared. Attach additional sheets as needed.

DATE: _____ TITLE: _____ SIGNATURE: _____