**Request to Establish/Modify Exempt Position Form**

Complete this form to have exempt positions established or modified in IRIS-HRM/Advanced by Classification Services. The agency requesting the change is responsible for all documentation, administration, record-keeping, and required approvals. Approvals must be obtained in accordance with the OMB Revised Program and any applicable statutes and regulations prior to submitting for Classification processing. Please submit the completed form to [doa.dop.classification@alaska.gov](mailto:doa.dop.classification@alaska.gov). **Please allow 4 working days to process the action.**

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| **Reason for Request (Select from below):**  Establish Exempt Position: **All form fields are required.**  Establish Temp Exempt Position: **All form fields are required.**  Modify Exempt Position: **Section 1 is Required. Check all boxes requiring a change/modification.**  Modify Temp Exempt Position: **Section 1 is Required. Check all boxes requiring a change/modification. NOTE: Temp Exempt positions cannot be reclassified to a different job class.**  Deletion/Inactivation of Position: **Section 1 is Required. Insert End date in section 2 only. Complete sections 5 and 6.**  Allocation Actions. Select from drop-down menu: **Select…** **Check/update applicable boxes below needing changed.** |
| **Section 1 – General Information** |
| **\*PCN:** XX-XXXX  **Department:** Choose  **Home Unit:** ZXXX.  **Type BU:**  Choose  **Position Type:**  Choose |
| **\*Please insert the next consecutive PCN to utilize. This PCN number is assigned by the department specific Exempt log, not Classification Services.** |

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| **Section 2 – General Information** |
| **\*\*Effective Date:** MM/DD/YY. **End Date (Temp Exempt/Delete PCN only):** MM/DD/YY.  **Supervisor PCN:** XX-XXXX **Labor Distribution Profile (LDP) Code:** LDP Code. |
| **\*\*Required field for all requests** |

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| **Section 3 – Position Control information** |
| **Job Class Title:** Job Class Title.  **Job Class Code:** XX0000.  **Location:** Location. **Pay Grade/Range:** 00X  **Assignment Type:** Select…  **Arms and Ammo:** Select…  **FLSA (Overtime Ineligible):** Select…  **CDL:** Select…  **Time Class:** Select…  **Will position receive benefits?** Select… |

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| **Section 4 – Complete for New Job Class Title ONLY** |
| **NOTE 1:** If a new job class title needs to be created, submit the following information to the Division of Finance Payroll Support at [doa.dof.payrollsupport@alaska.gov](mailto:doa.dof.payrollsupport@alaska.gov) to have the job class created inside the IRIS-HRM table prior to submitting this form to Classification:  1. New Job Class Title  2. Pay Grade/Range  3. Effective Date  4. Brief description of assigned duties (This will assist in assigning national codes such as SOC, EEO, etc...)  **NOTE 2**: When creating a new job class title, it cannot be the same title as an existing job class title inside the Classified or Partially Exempt Service.  **NOTE 3**: You can verify job class titles through IRIS-HRM/Advanced by typing “TITL” in the **Jump To** screen to do a search. |

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| **Section 5 – Authority and Comments** |
| 1. **Created Under What Authority:** Click here to enter text. 2. **Comments: (Example: Specific special pay rate assigned):** Click here to enter text. |

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| **Section 6 - Director or Designated Approving Authority** | |
| **NOTE: Authorized Department Representatives to sign this form are: Human Resource Business Partner, Deputy Director, Director or higher.**  **I certify that OMB and GOV Office, and DOPLR if applicable, have approved the above information and appropriate paperwork is filed within the agency for documentation.** | |
| **Date:** MM/DD/YY. | **Printed Name:** Click here to enter text. |
| **Department Representative Signature** |  |
| **Section 7 – Classification Internal Processing** | |
| **Received:** Click here to enter text. **Completed:** Click here to enter text.  **Completed by:** Click here to enter text. | |