



CLASSIFICATION SHORT FORM

Request To Classify A Position.

I hereby certify that the attached duties statement for:

_____ is an exact match to the duties, responsibilities, knowledge, skills, abilities and minimum qualifications required of the position as it exists in my organization today. Therefore, I respectfully submit this proposal, certify that no further classification study needs to be done and request that this classification be approved.

Title of Position: _____

Number of Positions (The position, one position, etc.): _____

Labor Grade and Job Code (if relevant): _____

Location (Department, Division, Unit): _____

Appointing Authority Signature: _____ Date: _____

Certificate of the Civil Service Personnel Officer:

In accordance with the provisions of Civil Service Law, Section 22 the Commissioner of Personnel for the County of Tompkins hereby certifies that the appropriate civil service title for the position described is

_____.

Signature of Commissioner: _____ Date: _____

Action by Legislative Body or Approving Authority

Creation of described position

Approved by resolution # _____ Dated _____

Disapproved

Signature of Approving Authority: _____ Date: _____