

POLICY

SUBJECT: Classification and Reclassification of Positions
NUMBER: HR-424-18
APPLICABLE TO: All DJS Employees

APPROVED: _____ /s/ signature on original
Sam Abed, Secretary
DATE: _____ 8/1/18

- I. POLICY**
The Maryland Department of Juvenile Services (DJS) allocates all positions to classifications based on the duties, responsibilities, and/or qualification requirements of the positions in accordance with applicable class standards, laws, regulations, and guidelines.
- II. AUTHORITY**
- A. Executive Order 01.01.2007.16, Code of Fair Employment Practices
 - B. Md. Code Ann., Human Services, §§9-203 and 9-204
 - C. Md. Code Ann., State Personnel and Pensions, Title 4, Subtitle 2
 - D. COMAR 17.04.02
 - E. American Correctional Association (ACA) Standard, 4-JCF-6D-01
- III. DIRECTIVES/POLICIES RESCINDED**
None
- IV. FAILURE TO COMPLY**
Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.
- V. STANDARD OPERATING PROCEDURES**
Standard operating procedures have been developed.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	8/1/18

PROCEDURES

SUBJECT: Classification and Reclassification of Positions

NUMBER: HR-424-18

APPLICABLE TO: All DJS Employees

APPROVED: _____ /s/ signature on original

Lynette Holmes, Deputy Secretary

DATE: _____ 7/30/18

I. PURPOSE

To provide procedures for position classification and reclassification based on a change of assignment or the assignment of additional duties and responsibilities in accordance with Maryland law and regulations.

II. DEFINITIONS

None

III. PROCEDURES

A. General

1. The classification of positions is governed by State Personnel and Pensions Article, Title 4, Subtitle 2, Annotated Code of Maryland, as well as by COMAR 17.04.02.
2. DJS may reclassify a position when:
 - a. the duties, responsibilities, and/or qualification requirements have changed in a manner which, relative to job specifications, classification standards, and other State positions in the same classification, indicates a different classification;
 - b. the change is permanent and significant;
 - c. the incumbent meets or exceeds the minimum qualification requirements and has been fairly selected for position reclassification in relation to other qualified employees in the same organizational unit; and
 - d. the position reclassification complies with all other requirements promulgated by this policy and/or the standards and guidelines of Department of Budget and Management (DBM).
3. A noncompetitive promotion within a classification grouping designated by DBM's Office of Personnel Services and Benefits (OPSB) will be transacted by the DJS Office of Human Resources (OHR) based upon

- when the employee completes the specified on-the-job training period and when the supervisor certifies satisfactory performance.
4. All DJS staff shall provide information requested for audits and make improvements suggested as a result of an audit by DBM.
 5. OHR shall maintain all documentation required for position reclassification in accordance with the State Personnel Management System for a minimum of three years.
 6. Each DJS Region/Facility/Unit and Headquarters shall work with OHR to ensure the consistent application of this policy.

B. Completing a Position Reclassification

1. Initiating a Position Reclassification
 - a. The Appointing Authority shall complete and forward the following forms to the OHR to initiate a position reclassification based on a change of assignment or the assignment of additional duties and responsibilities for any reason, including an organizational change:
 - 1) **Personnel Transaction Request (Appendix 1)** stating the reason for the request.
 - 2) **Reclassification Supervisory Questionnaire - MS-44 (Appendix 2)** a DBM form to provide specific information beyond what is provided in the MS-22.
 - 3) **Position Description Form - MS-22 (Appendix 3)**
 - 4) **Request for Reclassification of a Position - MS-2024 (Appendix 4)** a DBM form to be completed by OHR and forwarded to DBM with the appropriate forms.
 - b. OHR shall submit the forms through SPS Workday to DBM.
2. Initiating a Non-competitive Promotion
 - a. OHR shall notify the appropriate Appointing Authority of any employee's eligibility for a non-competitive promotion at least thirty days in advance of the effective date.
 - b. The employee's supervisor shall notify the employee, in writing, of the decision to approve or deny the promotion or reclassification, discuss the decision with the employee, and provide a copy of the signed notice, and immediately return the signed notice to OHR.
 - 1) Approval is based on the employee's satisfactory performance in the annual Performance Evaluation and no disciplinary actions taken within the last 12 months.
 - 2) Supervisors must forward the signed denial notice to OHR no later than the last workday preceding the effective date stated on the notice and will be automatically scheduled for reevaluation by OHR six months from the original effective date of the non-competitive promotion. Supervisors may, however, initiate the non-competitive promotion at any

time subsequent to the employee attaining the required qualifications.

3. Processing a Reclassification
 - a. Upon approval of the reclassification by DBM, OHR will forward this information, as well as the potential impact on staff within the organizational unit, to appropriate Region/Office Directors or Superintendents. OHR shall review to determine if other staff in the same classification are eligible for a reclassification.
 - b. Following the receipt of the appropriate completed forms listed in B.1 and other supporting documentation, or documentation as determined by OHR under Section B.3, OHR will initiate the appropriate action based on delegated authority.
 - 1) Where the requested classification is not under delegated authority, OHR shall forward the required paperwork to OPSB through SPS Workday for review and job evaluation study; and
 - 2) Where the requested reclassification is a vacancy downgrade as determined by OPSB or an OPSB approved benchmarked classification, OHR shall document that the action meets the required criteria and process in Workday.
 - c. OHR shall forward the outcome of the job evaluation study of the position and required approvals to the appropriate Appointing Authority.
 - 1) Where a change in classification is warranted, OHR shall initiate and forward the associated paperwork to affect the change in classification to the Appointing Authority to inform the incumbent of the change of classification; and
 - 2) Where a change in classification is not warranted, OHR shall forward an explanation of the denial to the Appointing Authority.

IV. RESPONSIBILITY

Regional Directors, Superintendents, Office Directors and Administrators are responsible for implementation and compliance with this procedure within 30 days of issuance.

V. INTERPRETATION

The Deputy Secretary for Support Services with the concurrence of the Secretary, may approve exceptions to this policy that are consistent with the requirements of applicable State laws, regulations, and guidelines.

VI. LOCAL OPERATING PROCEDURES REQUIRED

No

VII. DIRECTIVES/POLICIES REFERENCED

No policies referenced.

VIII. RETENTION OF RECORDS

OHR shall scan and maintain all personnel records in accordance with the DJS Record Retention Schedule and destroy all paper copies of records once scanned.

IX. MARYLAND STATUTE/REGULATIONS REFERENCED

Note: Copies of all law, statute or policy referenced below regarding Classification are attached to this policy.

- [Executive Order 01.01.2007.16, Code of Fair Employment Practices](#)
- Md. Code Ann., State Personnel and Pensions Article, [Title 4, Subtitle 2](#)
- [COMAR 17.04.02](#)

X. APPENDICES

Forms also can be found on the intranet under Forms/Personnel/Employment and Forms/Personnel/Class and Salary.

1. Personnel Transaction Request
2. Reclassification Position Questionnaire (MS-44)
3. Position Description Form (MS-22)
4. Request for Reclassification of a Position (MS-2024)



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

SUBJECT: Classification and Reclassification of Positions
NUMBER: HR-424-18
APPLICABLE TO: All DJS Employees

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINT FULL NAME

DATE

WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.

PERSONNEL TRANSACTION REQUEST

Employee/(Last Incumbent) _____ PIN/Contract # _____
 Budget Appropriation Code _____ Office Location _____
 Current Classification _____ Grade/Step _____
 Requested Class(if applicable) _____ Grade/Step _____
 Requested Effective Date (if applicable) _____

TYPE OF REQUEST(S): See reverse side for documentation required. Note companion actions in Explanation/Justification section below.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Vacancy Notification
<input type="checkbox"/> Non-Competitive Reclass
<input type="checkbox"/> Reclassification *
<input type="checkbox"/> Acting Capacity * | <input type="checkbox"/> Request to Fill *
<input type="checkbox"/> Reclassification *
3 or more grades
<input type="checkbox"/> Transfer *
<input type="checkbox"/> Funding Change * | <input type="checkbox"/> Commitment Authorization *
<input type="checkbox"/> Non Temp
<input type="checkbox"/> Contractual
<input type="checkbox"/> Temporary
<input type="checkbox"/> FTE Change | <input type="checkbox"/> Accident/Injury Report
<input type="checkbox"/> Accident Leave Request
<input type="checkbox"/> Leave Donation/Leave Bank
<input type="checkbox"/> FMLA – Unpaid
<input type="checkbox"/> PEP
<input type="checkbox"/> Other |
|--|---|---|--|

EXPLANATION/JUSTIFICATION:

_____ Authorized Requestor _____ Area/Facility/HQ Unit _____ Date

Office of Equal Employment Opportunity and Fair Practices

Approve: _____ Disapprove: _____

 EEO Director Date
 (Request to Fill, Commitment Authorization, and
 Reclassification Only)

Budget Use Only

Funds are _____ Funds are not _____ available

 Budget and Finance Date
 (Shaded Actions Only)

OPM Use Only

_____ Approve: _____ Disapprove: _____
 Personnel Director Date

Notes: _____

_____ Approve: _____ Disapprove: _____
 Secretary or Designee Date

* The Secretary or Designee must approve if request is grade 16 and above.

DOCUMENTATION REQUIRED

A Personnel Transaction Transmittal must be submitted with the following:

Vacancy Notification

Letter from employee

Request to fill vacancy (can be combined with the vacancy notification)

MS-22 (position description form)

Examination Request

MS-22

Justification

Commitment Authorization - Non-Temporary

MS-100 (State Application & Addendum)

MS-100's and Resumes for all applicants

Applicant Disposition Form

Degree/Diploma

MS-22 (position description form)

Salary Rule 3-A (If requesting above base salary, **must document**

recruitment difficulties)

Commitment Authorization - Temporary Employment (TE)

Request for TE form (DJJ (I)-1382)

MS-100 (State Application & Addendum)

MS-22 (position description form)

TE/Special Payments Payroll Rate Exception (DJJ(I)-84)

Applicant Disposition Form

Degree/Diploma

Commitment Authorization - Temporary SPP Contract

COT/CPB-311T

CPB 312

Contractual Employee Agreement (DJJ(E) - 82)

Special Payments Payroll Employment Request (DJJ(I)-83)

Contractual or Part-Time Employment Application &

Certification (DJJ(E)-81)

TE/Special Payments Payroll Rate Exception (DJJ(I)-84)

MS-100 (State Application & Addendum)

Applicant Disposition Form

Degree/Diploma

MS-22 (position description form)

Fingerprint Acknowledgment

Employment eligibility Verification (I-9)

Commitment Authorization – Mandated Position

MS-100

Addendum to MS-100

I-9

Birth Certificate

Physical Examination

Applicant Self Report – Prior Substance Use

Acknowledgment of Secretary's Directive No. 00-09

Acknowledgment of Provisional Appointment

Military Records Form

OPRA Background Inform Form DJJ 01-05

Verification of Education (Diploma/Degree/Transcripts)

Fingerprint Acknowledgment

Two Fingerprint Cards

Authorization to Release Information DJJ 01-04

Signed MS-22 (Pre-provisional Position Description)

Applicant Disposition Form

W-4

Release for Child Protective Registry

Transfer

MS-22 (position description form)

Explanation/Justification

Non-Competitive Reclassification (Interchangeable, e.g.

JC I to JC II)

MS-22 (position description form)

MS-100 (State Application)

Non-competitive memo signed by supervisor

Guideline #8 Reclassification (e.g., Office Secretary I to Office Secretary

MS-22 (position description form)

MS-100 (State Application)

Rule #2 - Reclassification Request Form (Only if filled position)

Supplement to Rule #2 Reclassification (Filled or vacant position)

Organizational Chart

Standard Reclassification (DJJ & DBAM approval required)

MS-22 (position description form)

MS-100 (State Application)

Rule #2 - Reclassification Request Form (Only if filled position)

Supplement to Rule #2 Reclassification (Filled or vacant position)

Organizational Chart

Acting Capacity

Acting Capacity Form MS-345 (Type A, B, C)

MS-22 (Type C only)

Accident/Injury Report

Employer=s First Report of Injury (Accord 4)

First Report of Injury Supplement

Supervisor=s Report of Employee=s Injury Form (01.03.13-1)

Employee=s First Report of Injury Form (01.03.13-2)

Medical Authorization

Accident Leave Request

Request for Accident Leave Form (01.03.13-3)

Medical Documentation

An accident/injury report must be submitted with or prior to the accident leave request. (If applicable)

Leave Donation Program

State Employee=s Leave Donation Program Form (MS-405)

State Employees= Leave Bank Medical Request Form (MS-401)

Leave Bank

State Employees= Leave Bank Donation Form (MS-407) –

if donating leave

State Employees= Leave Bank Request Form (MS-408) –

if requesting leave

State Employees= Leave Bank Medical Request Form (MS-401)

FMLA - Unpaid (Family Medical Leave Act)

State of Md Request for Family & Medical Leave Form (MS-410)

Family & Medical Leave Certification of Health Care Provider (MS-411)

Response to Employee=s Request for Family or Medical Leave (MS-412)

Family/Medical Leave Return to Work Certification Form (MS-413)

if Applicable

EAP Referral

EAP Supervisory Referral Form MS561

Supporting Documentation

Medical Director Referral

MS-22

Medical Documentation/Certificates

Letter of Referral and Justification

Unpaid Leave of Absence

Acknowledgement of Leave of Absence Status or Written Request

Medical Documentation, if applicable

Cobra Form, if applicable

MARYLAND DEPARTMENT OF BUDGET AND MANAGEMENT
OFFICE OF PERSONNEL SERVICES AND BENEFITS
DIVISION OF CLASSIFICATION AND SALARY

SUPERVISORY QUESTIONNAIRE FOR SUBORDINATE RECLASSIFICATION REQUEST

A reclassification occurs when there has been a **significant change in the duties and responsibilities** assigned to a position. This **questionnaire is to be completed and signed by the position's supervisor**. If the position's supervisor is unavailable, then the next supervisory level in the organization, such as the supervisor's supervisor or program manager should complete this form.

Please do not indicate see MS-22 form in response to the questions.

DEPARTMENT: _____ DIVISION/UNIT: _____
PIN: _____ INCUMBENT: _____

1. Briefly describe the duties that are currently assigned to the position that were not assigned to the position when the position was allocated to the current classification (*do not indicate see MS-22 form*).
2. What knowledge, skills and type of experience is required to perform the duties assigned to the position?
3. Briefly describe the most complex part of the position's job function.
4. Briefly describe two or more difficult, significant or consequential decisions or recommendations required in the position.
5. If the position is responsible for a budget, indicate the amount of budget and if the amount includes salaries.
6. Does this position supervise or lead other positions? YES NO If yes, ensure that the full names (and PINs – provided by HR) of all subordinate employees are identified in Part III of the MS 22 form.
Note: supervisor duties are identified in the MS 22 - all boxes in Part III – C. Lead duties are also identified in the MS 22 – two boxes all boxes in Part III – C: assign and review work and train employees.
What is the highest classification/grade level of subordinates? Please identify any contractual or temporary employees and any subordinates that function as supervisors.
7. How often and in what detail is the work of the position reviewed?

Supervisor Signature: _____ Phone Number: _____

Title: _____ Date: _____ Email: _____

STATE OF MARYLAND
DEPARTMENT OF BUDGET AND MANAGEMENT
OFFICE OF PERSONNEL SERVICES AND BENEFITS
301 West Preston Street
Baltimore, Maryland 21201

POSITION DESCRIPTION

REVIEW INSTRUCTIONS PRIOR TO COMPLETION

PART I. IDENTIFYING POSITION INFORMATION

ITEMS 1-6 to be completed by Agency Personnel Office.

1. PIN	2. CLASS CODE/GRADE
3. SERVICE	4. IS THIS POSITION DESIGNATED AS A SPECIAL APPOINTMENT?
5. OVERTIME STATUS	6. AGENCY APPROPRIATION CODE

ITEMS 7-13 to be completed by the supervisor.

7. Current Employee's Name, if applicable _____

8. Class Title _____
Working Title, if different _____

9. Department or Agency Name _____
Division, Unit or Section _____

10. Work Location/Address _____

11. Name of Immediate Supervisor _____
Title of Immediate Supervisor _____

12. Work Schedule: (Check all that apply)

<input checked="" type="checkbox"/> Permanent Day Shift	<input type="checkbox"/> Rotating Shift
<input type="checkbox"/> Permanent Evening Shift	<input checked="" type="checkbox"/> Full Time
<input type="checkbox"/> Permanent Night Shift	<input type="checkbox"/> Part Time
<input type="checkbox"/> Other (Explain) _____	

13. If applicable, how long has the current employee been performing the duties listed below?

PART II. POSITION FUNCTIONS

ITEMS 1-7 If additional space is required, attach a separate sheet.

1. **MAIN PURPOSE OF THE JOB:** Briefly describe the main purpose of this position and how it related to the mission of the agency.

ESSENTIAL JOB FUNCTIONS AND OTHER ASSIGNED DUTIES - List duty and responsibility statements that identify the essential job functions and other assigned duties. Essential job functions are the fundamental job duties of a position that if not performed will alter the job. (Identify **essential job functions** by highlighting, **underlining**, etc.)

% of Time and/or Weight of Importance	Job Duty

3. **LEVEL, FREQUENCY AND PURPOSE OF WORK CONTACTS:** List the contacts that this position has with individuals within the division, agency and department as well as other State agencies, other government agencies, private companies, clients, customers, vendors and the general public. These contacts may be in person, in writing or by telephone. Indicate how often the contact occurs. State the purpose of each contact, for example, to provide information, to explain procedures or decisions, to persuade or negotiate.

4. **DECISIONS AND RECOMMENDATIONS:** List the decisions and recommendations that this position makes which are necessary to carry out essential job functions. State to whom recommendations are made.

5. **EQUIPMENT USED** - List equipment, machinery and tools used to complete this job, e.g. personal computer, calculator, typewriter, hand tools, measuring devices and lab equipment.

6. **NATURE OF SUPERVISION RECEIVED** - Check the type of supervision that is given to this position. See instructions Part II, Item 6 for definition of terms.

- Close Supervision
- Moderate Supervision
- General Supervision
- Managerial Supervision

7. **WORKING CONDITIONS:** (Check all that apply)

- Work involves exposure to uncomfortable or unpleasant surroundings. (Explain)
- Work involves exposure to hazardous conditions which may result in injury. (Explain)
- Work involves special physical demands such as lifting 50 pounds or more, climbing ladders, etc. (Explain)
- Work requires use of protective equipment such as goggles, gloves, mask, etc. (Explain)

PART III RESPONSIBILITIES FOR THE WORK OF OTHERS

This section should be completed if this position is responsible for the work of others. This includes full and part-time permanent employees, contractual or emergency employees, volunteers, reimbursable or loaned employees. If additional space is required, attach a separate sheet.

NATURE AND LEVEL OF RESPONSIBILITY FOR WORK OF OTHERS:

A supervisor assigns and reviews the work of other, trains employees, recommends the selection, promotion and termination of employees, approves leave and signs time cards, signs annual performance evaluations, determines and resolves procedural problems within the unit, serves as spokesperson for subordinates, explains policies and directives from management and issues formal disciplinary reminders, warnings and reprimands.

A lead worker assigns and reviews the work of others, instructs and motivates worker, is available for immediate assistance or review and performs the work of the classification.

- a) Does this position supervise employees? Yes No
- b) Does this position lead employees? Yes No

If yes, to a or b, list the names and classifications of the employees that this position supervises or leads.

- c) Check the ways that this position supervises or leads these employees. (check all that apply).

- Assigns and reviews work
- Approve leave, sign time card
- Sign annual performance ratings
- Interview & select new employees
- Train employees
- Discipline employees (counsel, recommend suspension & termination) Do any of the employees supervised have supervisory responsibility? If so, list them and the names and classifications of those they supervise or attach an approved organization chart.

PART IV PERFORMANCE STANDARDS

PERFORMANCE STANDARDS - For each essential job function described in Part II, list the standard(s) necessary for satisfactory performance. If additional space is required, attach a separate sheet.

PART V SIGNATURES

The following signatures indicate acknowledgment by the employee of the information on this form, when applicable, and approval by the supervisor and appointing authority.

Employee's Signature

Date

Supervisor's Signature

Date

Appointing Authority or Designee

Date

MARYLAND DEPARTMENT OF BUDGET AND MANAGEMENT
OFFICE OF PERSONNEL SERVICES AND BENEFITS - DIVISION OF CLASSIFICATION AND SALARY (CAS)
REQUEST FOR POSITION CLASSIFICATION STUDY

PRIORITY:	VACANCY <input type="checkbox"/>	URGENT <input type="checkbox"/>	Must Provide Reason Below <input type="checkbox"/>	NORMAL <input type="checkbox"/>	LOW <input type="checkbox"/>	(e.g. Rule .02) <input type="checkbox"/>
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Reason for Urgency (must be completed):

DEPARTMENT: _____	APPROPRIATION CODE (Not RSTARS): _____
PIN: _____	INCUMBENT: _____
CURRENT CLASS: _____	CLASS CODE: _____ GRADE: _____
REQUESTED CLASS: _____	CLASS CODE: _____ GRADE: _____
To Be Determined (TBD): <input type="checkbox"/> - Must Certify Funding for One Grade Increase	

REQUIRED INFORMATION

How Has The Position Changed Since Placed In The Current Class:

Agency Unique Job: Duties Assigned To This PIN Are Unique To Agency And Not Found In Other Departments and Agencies: YES
If Yes, Please Identify One Other PIN That Agency Deems Comparable In Relative Rank/Value Within The Organization and Provide MS 22 Form For That Position (if no comparable at requested grade level provide Closest in Rank PIN and MS 22 - one grade lower or higher agency unique job): **PIN of Comparable/Closest in Rank:** _____ **MS-22 of Comparable/Closest in Rank PIN Attached:** YES

Statewide Job Function: Duties Assigned To This PIN Are Assigned to Positions In Other Departments or Agencies: YES

Check List of Requirements

<input type="checkbox"/> MS 22 Signed (Must Be Signed By Appointing Authority)	<input type="checkbox"/> MS 44 Completed By and Signed By Supervisor
<input type="checkbox"/> MS 22 Identifies By PIN and Full Name, All of This PIN's Direct Report Subordinates (Part III)	<input type="checkbox"/> Optional – Organizational Chart

Agency Certifies Funding Available For Reclass: YES Cost For Current Fiscal Year: _____ Cost For Next Fiscal Year: _____

Agency Certifies The Employee Meets The Minimum Qualifications of The Requested Classification? YES Not Applicable

In accordance with COMAR 17.04.02.07 (a), the effective date may not be earlier than one year before the date reclassification is authorized. **Requested Effective Date:** _____

Incumbent Work Phone: _____	Best time to call: _____	Email: _____
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AUTHORIZED AGENCY HR DIRECTOR/OFFICER SIGNATURE: _____

Email: _____ Phone: _____ DATE: _____

RESULTS OF POSITION CLASSIFICATION JOB EVALUATION STUDY {For DBM Use Only}

____ Reclassify As Requested

____ Reclassify Other Than Requested: Class Title: _____
Class Code: _____ Grade: _____

____ Appropriate To Current Class _____ No Action At This Time _____ Position Frozen

Per COMAR 17.04.02.07(a), Effective Date Changed To: _____ See Correspondence

Comment: _____

AUTHORIZED SIGNATURE, DIVISION OF CLASSIFICATION AND SALARY

DATE AUTHORIZED

MARYLAND DEPARTMENT OF BUDGET AND MANAGEMENT
OFFICE OF PERSONNEL SERVICES AND BENEFITS - DIVISION OF CLASSIFICATION AND SALARY (CAS)
REQUEST FOR POSITION CLASSIFICATION STUDY

DEPARTMENT: _____ APPROPRIATION CODE (Not RSTARS): _____

PIN: _____ INCUMBENT: _____

Reason for Urgency: (continued):

How Has The Position Changed Since Placed In The Current Class (continued):