



**State of Montana**  
**DEPARTMENT OF CORRECTIONS**  
**CLASSIFICATION REQUEST**

**Division:** \_\_\_\_\_

**Supervisor's Name and Title:** \_\_\_\_\_

**Current Position Title/Number/Grade:** \_\_\_\_\_

**Position Status:** New (NYC) \_\_\_\_\_ Filled \_\_\_\_\_ Vacant \_\_\_\_\_ Career Ladder \_\_\_\_\_  
**Different Use of FTE** \_\_\_\_\_ **Change in Duties** \_\_\_\_\_ **Other** \_\_\_\_\_ **Not Yet Classified** \_\_\_\_\_

**Classification Request:**

Please answer the following questions if the classification request is for an existing position. You may also prepare a memo addressed to the Human Resource Bureau Chief further outlining the request. A significant change in duties (at least 50%) must occur to warrant classification review. The complexity of the assigned duties will be evaluated to determine proper classification.

1. Identify new duties and responsibilities or tasks that have been added to this position. (You may bold or highlight the new duties in the updated profile for identification)
  
  
  
  
  
  
  
  
  
  
2. Explain why the new duties and responsibilities are required and were assigned to this position (e.g. reorganization, expansion of program, etc.)
  
  
  
  
  
  
  
  
  
  
3. Identify position(s), if applicable, that were previously assigned the duties. List the position by title and number.
  
  
  
  
  
  
  
  
  
  
4. Identify the duties and responsibilities which have been removed from the updated profile.

**PLEASE SIGN AND DATE:**

**Immediate Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Division Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Human Resource Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_