



State of Oklahoma
Human Capital Management
A Division of the Office of Management and Enterprise Services
Policies and Procedures

Classification Dispute Review Request (HCM-70)

TO ALL EMPLOYEES:

When you and your agency are unable to resolve a dispute concerning the allocation of the position you currently occupy, use this form to request a position audit. You are the best person to provide information about what you do on your job. Use great care in completing this form so that your answers will give a clear and complete understanding of what you do. Please complete this form yourself and attach a current organizational chart reflecting this position within the agency. The information you provide will play an important part in determining the job family and level to which this position belongs. Do not copy from existing job family descriptors or questionnaires completed by other people. If you need more space to answer a question, complete the answer on a separate page (be sure to show the number of the question). These forms are not completed until after the end of the internal agency grievance process. If the grievance process does not result in the dispute being resolved, the resolution decision by the appointing authority shall be to advise the employee to complete this form (Merit Rule 455:10-19-35(4)). Completed forms are to be submitted through appropriate supervisory channels to the agency human resources management office. The procedures involved in the audit and allocation of a position are separate from the Uniform Employee Grievance Procedure steps and time limits. Failure to properly file or complete any of the required forms will result in a delay until such information is obtained. Please retain a copy of the completed form for your records.

Classification Dispute Review Request Human Capital Management

PART 1 - GENERAL INFORMATION: Please read attached instructions prior to completing this form.

1. YOUR NAME AND EMPLOYEE ID NUMBER	2. CURRENT OFFICIAL HCM JOB TITLE AND JOB FAMILY CODE ASSIGNED TO THE POSITION
3. AGENCY FOR WHICH YOU WORK	4. DIVISION AND SECTION WHERE YOU WORK
5. WORK ADDRESS (Include Zip+4) & TELEPHONE NUMBER	6. CURRENT DATE
7. YOUR SUPERVISOR'S NAME & WORK TELEPHONE	8. SUPERVISOR'S OFFICIAL TITLE & JOB CODE

PIN:

PART 2 - DESCRIPTION OF DUTIES PERFORMED

A. Briefly, what is the major purpose of your job? Describe the general function and major responsibility of your position.