

CLASSIFICATION AND/OR CERTIFICATION ACTION REQUEST

STD. 625 (Rev. 10/2019)

USE A SEPARATE FORM FOR EACH DIFFERENT CLASS OR LOCATION REQUESTED

*If classification action is required, unless otherwise instructed, submit original and two copies of the completed form **WITH DUTY STATEMENT AND ORGANIZATION CHART(S)** attached directly to DPA/CCD. If certification action **ONLY** is required, submit original and one copy of the completed form (without attachments) directly to SPB.*

DOCUMENT NUMBER
(Department Use)

1. REQUESTING DEPARTMENT	2. DIVISION/UNIT	3. LOCATION
4. REQUESTED CLASS	3. POSITION NUMBER (If multiple, list in #10 below)	6. EFFECTIVE DATE
7. TENURE <input type="checkbox"/> PERMANENT <input type="checkbox"/> LIMITED TERM _____ MONTHS <input type="checkbox"/> TAU <input type="checkbox"/> T & D _____ MONTHS	8. TIME BASE <input type="checkbox"/> FULL TIME <input type="checkbox"/> INTER-MITTENT _____ Hours Per _____ <input type="checkbox"/> PART TIME (Fraction) _____ <input type="checkbox"/> OTHER (Explain in #10)	

9. CLASSIFICATION ACTION REQUESTED

a. <input type="checkbox"/> REFILL VACANCY (No change in duties or organization)	NAME OF PRIOR INCUMBENT	DATE VACATED
b. <input type="checkbox"/> RECLASS FROM (Attach memorandum of justification)	PRIOR POSITION NUMBER	POSITION IS NOW <input type="checkbox"/> OCCUPIED <input type="checkbox"/> VACANT
c. <input type="checkbox"/> NEW POSITION	<input type="checkbox"/> WORKLOAD CHANGE <input type="checkbox"/> NEW FUNCTION <input type="checkbox"/> ORGANIZATION CHANGE (Attach present and proposed org. charts) <input type="checkbox"/> OTHER (Explain in #10)	
d. <input type="checkbox"/> OTHER	<input type="checkbox"/> BACKDATE OVER 60 DAYS (Explain in #10) <input type="checkbox"/> CHANGE IN DUTIES <input type="checkbox"/> HEADER CHANGE ONLY <input type="checkbox"/> ORGANIZATION OR REPORTING RELATIONSHIPS CHANGE (Attach present and proposed organization charts.)	

10. COMMENTS AND EXPLANATIONS

11. REQUESTOR SIGNATURE AND TITLE	TELEPHONE NUMBER	DATE
12. APPROVED BY (DPA)		DATE

13. ROUTING AND CERTIFICATION INSTRUCTIONS

a. <input type="checkbox"/> ROUTE TO DEPARTMENT	<input type="checkbox"/> DEPARTMENT MAINTAINS LIST <input type="checkbox"/> DEPARTMENT ON LINE <input type="checkbox"/> TO BE FILLED BY (Specify transfer, T & D etc. Include Name and SSAN if known)	
b. <input type="checkbox"/> ROUTE TO SPB	<input type="checkbox"/> CERTIFY <input type="checkbox"/> ENTIRE LIST <input type="checkbox"/> DOWN TO AND INCLUDING (Specify rank or name and SSAN)	
<input type="checkbox"/> SROA/REEMPLOYMENT CERTIFICATION	LANGUAGE	
<input type="checkbox"/> BILINGUAL CERTIFICATION	CLASSIFICATION	
<input type="checkbox"/> APPROPRIATE LIST CERTIFICATION	DEPARTMENT/LOCATION	
<input type="checkbox"/> OTHER (Specify)		

14. CERTIFICATION ISSUED	TELEPHONE NUMBER	DATE
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