

CLASSIFICATION AND/OR CERTIFICATION ACTION REQUEST

STD. 625 (REV. 8-88)

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"/> ORGANIZATION CHANGE (Attach present and proposed org. charts)	<input type="checkbox"/> NEW FUNCTION <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"/> ORGANIZATION OR REPORTING RELATIONSHIPS CHANGE (Attach present and proposed organization charts.)	<input type="checkbox"/> CHANGE IN DUTIES <input type="checkbox"/> HEADER CHANGE ONLY

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

14. CERTIFICATION ISSUED	TELEPHONE NUMBER	DATE
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