

Request to Establish/Modify Exempt Position Form

Complete this form to have exempt positions established or modified in IRIS-HRM by Classification Services. The agency requesting the change is responsible for all documentation, administration, record-keeping, and required approvals. Approvals must be obtained in accordance with the OMB Revised Program and any applicable statutes and regulations prior to submitting for Classification processing. Please submit the completed form to doa.dop.classification@alaska.gov. Please allow 5 working days to process the action. Allow 6 working days if requesting a new job class title.

Reason for Request (Select from below):

- Establish Exempt Position: All form fields are required.
- Establish Temp Exempt Position: All form fields are required.
- Modify Exempt Position: Section 1 is Required. Check all boxes requiring a change/modification.
- Modify Temp Exempt Position: Section 1 is Required. Check all boxes requiring a change/modification. NOTE: Temp Exempt positions cannot be reclassified to a different job class.
- Deletion/Inactivation of Position: Section 1 is Required. Insert End date in section 2 only. Complete sections 5 and 6.
- Allocation Actions. Select from drop-down menu: **Select...** Check/update applicable boxes below needing changed.

Section 1 – General Information

*PCN: XX-XXXX Department: Natural Resources Home Unit: Z90A Type BU: XE - Exempt Position Type: Full Time Regular

*Please insert the next consecutive PCN to utilize. This PCN number is assigned by the department specific Exempt log, not Classification Services.

Section 2 – General Information

Effective Date: **7/1/24 End Date (Temp Exempt/Delete PCN only): MM/DD/YY.
 Supervisor PCN: **103501** Labor Distribution Profile (LDP) Code: LDP Code.

**Required field for all requests

***A maximum of three fiscal years is allowed for all temporary exempt positions.

Section 3 – Position Control information

| | |
|--|---|
| <input checked="" type="checkbox"/> Job Class Title: Large Project Coordinator | <input type="checkbox"/> Job Class Code: X1406A |
| <input checked="" type="checkbox"/> Location: EBA | <input checked="" type="checkbox"/> Pay Grade/Range: 23A |
| <input type="checkbox"/> Assignment Type: Select... | <input type="checkbox"/> Arms and Ammo: Select... |
| <input type="checkbox"/> FLSA (Overtime Ineligible): Select... | <input type="checkbox"/> CDL: Select... |
| <input type="checkbox"/> Time Class: Select... | <input checked="" type="checkbox"/> Will position receive benefits? Yes |

Section 4 – Complete for New Job Class Title ONLY

NOTE 1: If a new job class title needs to be created, submit the following information to have IRIS updated:

1. New Job Class Title
2. Pay Grade/Range
3. Effective Date
4. Brief description of assigned duties (This will assist in assigning national codes such as SOC, EEO, etc...)

NOTE 2: When creating a new job class title, it cannot be the same title as an existing job class title inside the Classified or Partially Exempt Service. For additional information refer to guidance memorandum at:

<http://doa.alaska.gov/dop/fileadmin/Classification/pdf/WorkingTitlesProtocols.pdf>

NOTE 3: You can verify job class titles through IRIS-HRM/Advanced by typing "TITL" in the **Jump To** screen to do a search.

Section 5 – Reason for Establishing or Modifying Exempt Position

Please provide an explanation for why this request is being made to either establish or modify an exempt position:

This request is being made with the passing of SB34 and the reinstatement of the Citizens' Advisory Commission on Federal Management Areas in Alaska.

Section 6 – Authority and Comments

1. Created Under What Authority: SB0034
2. Comments: (Example: Specific special pay rate assigned): [Click here to enter text.](#)
3. Include copy of required approvals (i.e.: OMB/Chief of Staff approval – See OMB Revised Program Manual)

Section 7 - Director or Designated Approving Authority

NOTE: Authorized Department Representatives to sign this form are: Human Resource Business Partner, Deputy Director, Director or higher.

I certify the accuracy of the above information and appropriate paperwork is filed within the agency for documentation.

| | |
|-------------------------------------|-------------------------------------|
| Date: MM/DD/YY. 10.1.24 | Printed Name: Melissa Hurley-Marvin |
| Department Representative Signature | <i>Melissa Hurley-Marvin</i> |

Section 8 – OMB Approval

OMB Approval Signature:

Date: MM/DD/YY. Printed Name: Click here to enter text.

OMB Title: Click or tap here to enter text.

Section 9 – Chief of Staff Approval (*required for establishing new exempt positions*)

Chief of Staff Approval Signature:

Date: MM/DD/YY. Printed Name: Click here to enter text.

Section 7 – Classification Internal Processing

Received: Click here to enter text.

Completed: Click here to enter text.

Completed by: Click here to enter text.