

A. POSITION INFORMATION			
Position #:	Vacant <input type="checkbox"/>	Employee #:	
Employee Name:		Supervisor's Name:	
Employee Contact Information:		Supervisor Contact Information:	
Current Class Code:		Proposed Class Code:	
Current Position Title:		Proposed Position Title:	
Current Grade:		Proposed Grade:	
Current Fund #:		Proposed Fund #:	
Current Cost Center #:		Proposed Cost Center #:	
Current Super Org:		Proposed Super Org:	
Department:		Fiscal Year:	
B. CLASSIFICATION ACTION REQUESTED			
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Downgrade	
C. CLASSIFICATION ACTION - FINANCIAL IMPACT			
Funding Information	Current	Proposed	Variance
Salary			
Pension (14.12%)			
Medicare (FICA) (1.45%)			
Total			
<i>Provide options to address the financial impact variance. Use of salary savings is not acceptable for CAFs:</i>			
<i>Identify position numbers, job title, and job code to be deleted (if applicable):</i>			
D. PERSONNEL EXCEPTION			
(Personnel exceptions are limited to six months from the effective date)			
	<input type="checkbox"/> Job Overlap*		
Effective Date:		Ending Date:	
<p>Job Overlap: This exception may ONLY be used for retirements, resignations, or terminations. Submissions must have an effective date and end date indicated and you must attach the letter related to retirement, resignation, or termination to the CAF.</p> <p>*Job Overlap exceptions are accepted at any time.</p> <p>*Job Overlap can only occur in the HRIS system by selecting "Job Overlap" with a future-dated termination or retirement business process. Please be sure complete these actions once the CAF is approved.</p>			

E. JUSTIFICATION

Current Duties and Responsibilities (Attach Additional Documentation):

New Additional Responsibilities (Attach Additional Documentation):

Justify the Proposed Change (Attach Additional Documentation):

Please explain how you will address the financial impact of Job Overlap:

F. REQUESTING SIGNATURE

Department Director ONLY:

Date:

G. REVIEW SIGNATURE – BUDGET & MANAGEMENT SERVICES

Budget & Mgmt Svcs Recommendation: Supported Not Supported Signed without Support

Budget Director/AD: _____

Date:

H. REVIEW SIGNATURE

Department ACM:

Date:

I. APPROVAL SIGNATURES - HR

Recommendation:

Supported as _____ Not Supported

Job Title & Class Code

Compensation Analyst:

Date:

Human Resources Director/AD/Designee:

Date:

Please Note:

- All actions on this form require review and signature by Budget & Management Services. Please submit to assigned Senior Budget Analyst.
- Outdated forms will not be accepted and will be returned to the department
- Submit Approved CAFs to HRCompensation@dallas.gov
- If you are revising a current job description or your request is for a new position title, please attach the job description to the CAF submission