

## CONDENSED POSITION DESCRIPTION QUESTIONNAIRE (CPDQ)

CLASSIFICATION REQUEST	
<i>Please complete this form, review with department/division personnel, obtain any necessary approvals as outlined in the Council and HR Requirements Matrix, and forward to your HR consultant. In addition, please include your division's most recent Organization Chart.</i>	
This request is for a:   _____   _____	
Department Name: _____	Position Number: _____
Division Name: _____	Division Number: _____
Information Regarding Vacant Existing Allocation	
Current Job Title/Grade: _____	Current Job Code: _____
New Existing Title/Grade: _____	New Job Code: _____
Supervisor Name/Position Number: _____	
Agency Budget Impact	
<input type="checkbox"/> 1) There <b>is no</b> budget increase to this or subsequent year's budgets resulting from this position classification change. Please provide an explanation below:	
2) There <b>is</b> an increase to this or subsequent year's budgets. Below is a summary of the budget impact. Please specify the annualized amount. _____ How is the Agency going to fund the increase?	
<input type="checkbox"/> a. Absorb the additional cost <input type="checkbox"/> b. Submit a budget adjustment for new funding <input type="checkbox"/> c. Other - Please explain	
3) If the budget impact for this classification change is unknown at this time, what approach will the Agency take if an increase occurs?	
<input type="checkbox"/> a. Absorb the additional cost <input type="checkbox"/> b. Submit a budget adjustment for new funding <input type="checkbox"/> c. Other - Please explain	

**Business Justification:** Please provide a brief summary of the business justification for this request to include: background/history, what is the overall scope/goal of this request, issues you are trying to solve, objectives/solutions, and impact analysis on the organization.

Department/Division Approval Signatures			
By providing approval and electronically signing below, this certifies that processing this classification action does not have a negative impact on the current year's personnel budget. Any budgetary impact has already been addressed and approved by the Council, as needed.			
<b>Elected Official or Deputy Mayor</b>	Approved:    Yes    No	<b>Signature:</b>	
<b>Department Director</b>	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signature:</b>	
<b>Division Director</b>	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signature:</b>	
<b>Fiscal Manager</b>	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signature:</b>	
<b>Supervisor's Name and Phone:</b>			

\*Signed forms should be submitted to Human Resources using the [HR Request Form](#). Along with the signed PDQ include the following with your request current and proposed organization charts, for new positions draft of Job Descriptions.

HR Business Partner Contact Information		
HR Business Partner	E-Mail	Phone
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