

Request to Change SOC Code

Agency Name:

Date:

Contact:

Agency Code:

Email:

Telephone:

Class Code and Title:

DHRM Proposed SOC Code and Title:

Requested SOC Code and Title:

Explanation:

Please attach other documentation necessary to understand this request.

The former class was: Unique to this agency Used by several agencies

This recommendation: Applies to this agency only Applies to all agencies

Submit to DHRM no later than April 1, 2003

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