



Instructions:

A Group Classification Application must be submitted for each position for which a member is seeking Group Classification. The member must first complete Section A and submit the application and all attachments to the human resources department at the agency which employed them in the position for which they seek group classification. The agency must then complete Section B and submit the application and all attachments to the Board. The complete application must be reviewed by the member's direct supervisor or the current supervisor familiar with the duties of the position being reviewed.

SECTION A TO BE COMPLETED BY MEMBER:

Member's Name:		Social Security No.:	
Address:		Date of Birth:	
City/State/Zip:			
Contact Tel:		Current Employing Agency:	
Applying for:	<input type="checkbox"/> Group 2	<input type="checkbox"/> Group 4	<input type="checkbox"/> 20/50 (Corrections Officers Only)
Job Title for Group Classification:			

Member Questionnaire:

- Are you an active member currently employed with the Commonwealth? Yes No
- Did your membership begin before April 2, 2012? Yes No
 ➤ If you are an active member and you entered service before April 2, 2012 you may elect to pro-rate your service by group classification.
- Are you seeking pro-rated service by group classification? Yes No
 ➤ **If yes**, you must submit a separate Group Classification Application for each position you are seeking group classification.
 ➤ Pro-rated service is mandatory for members entering service April 2, 2012 or later.
- How many Group Classification Applications are you submitting? (including this one) _____
- Please report the name of the state agency that employed you for the group classification you are seeking: _____
- List the approximate dates of employment in the position for which you are seeking group classification (MM/DD/YY): _____ TO _____

Please attach a narrative description of your daily responsibilities for the position you seek group classification; whether you supervise other employees; and if you work with a specific population of individuals. If your position has changed within the last twelve months, please describe the circumstances of that change and your position and job duties immediately prior to that change.

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I hereby certify under the penalties of perjury that the above information is true and accurate.

Member Signature _____

Date _____

THIS SECTION BOARD USE ONLY

GROUP CLASSIFICATION APPLICATION - PAGE 2

Member Name: _____ SSN: _____

SECTION B TO BE COMPLETED BY EMPLOYING AGENCY HR DEPARTMENT:

Agency:		
Address:		
City/State/Zip:		
Telephone:		
Name of Person Completing this Form:		
Name of Direct Supervisor:		

Member Employment History:

1. Please report dates of service rendered in your agency and positions held by the employee. You may attach additional sheets if necessary. **If the employee is not pro-rating** their service and is seeking Group Classification for their last position, **list the information for their last position and service rendered.**
If part-time, please indicate percentage of full-time employment:

Period of Employment		Years/Months of Service	Full-Time (Y/N)	Part-time %	Title/Position
From (MM/DD/YY)	To (MM/DD/YY)				

2. Has the member's direct supervisor or a supervisor familiar with the duties of the position reviewed the documentation being submitted to the Board?
 Yes No

Please attach written documentation of member's service dates, Form-30 job description(s), and if applicable, information including Employee Performance Review Statement (EPRS).

This application and any attachments must be reviewed by a supervisor prior to submission to the Board.

▶ I hereby certify under the penalties of perjury that I have reviewed the contents of this application and that the above information and attachments are true and accurate.

SIGNATURE - Direct Supervisor or Current Supervisor for position being classified Date

SIGNATURE - Employing Agency HR Representative Date