



Confidential Designation Request Form

California Department of Human Resources

State of California

In accordance with California Government Code section 3513, a "Confidential employee" means any employee who is required to develop or present management positions with respect to employer-employee relations or whose duties normally require access to confidential information contributing significantly to the development of management positions.

To designate a position Confidential, departments are required to submit a request via this form to the Labor Relations Division (LRD) at the California Department of Human Resources (CalHR) and receive approval prior to designating a position confidential. This form is intended to be used when requesting new designations, backfilling previously designated positions, or when the duties of a designated position are subject to significant changes.

To submit a request, please email this completed form along with the corresponding duty statement and organization chart to ConfidentialRequests@CalHR.ca.gov and allow 3-5 business days for a response.

1. Position Information

Department:

Classification:

Position Number:

If this request is for a secretary or assistant classification that you believe meets the definition of a "Confidential employee" as provided above, what is the organization level of the position that this position supports?

2. Employee Information

Incumbent's Name:

Prior Incumbent's Name (if applicable):

Is this a new position? Yes No (If no, complete the section below)

Position previously designated confidential: Yes No

Have the Duties Changed?: Yes No

How does this position meet the definition of a "Confidential employee" or how have the duties changed for a previously approved confidential position? Please use an additional page if more space is needed.

3. Departmental Confidential Position Administrator Contact Information

Name:

Title:

Phone Number:

Email Address:

4. For CalHR use only

Log #: _____

Date Received: _____

Decision: Approved Denied

CalHR Reviewer Name: _____

Title: _____

Signature

Date

Date response notice sent to department: _____