

MONTGOMERY COUNTY GOVERNMENT

**CLASSIFICATION STUDY FUNDING APPROVAL FORM**

**The following section applies only to requests for un-represented and occupational study requests studies under MCPR Section 9.**

By signing on the line below as the Department or Office Director, I understand that if a unrepresented individual position or occupational classification study is accepted for my department,all costs of the study will be paid for by my department. This applies to the following:

**Position (s) #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Classification Title (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FUND : \_\_\_\_\_\_\_\_\_\_\_\_**

**COST CENTER: \_\_\_\_\_\_\_\_\_\_ (Not Allowed 69999; Allowed 60158, 60530, 60076 etc.)**

**ACCOUNT CODE: \_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Director’s Signature**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date**