



Request for Reclassification - SOM Use Only

The following items are required to process a request for reclassification:

- Internal Tracking Form
- Position Classification Questionnaire
- Organizational Chart
- Updated job description for compensation review and sign off

A request for reclassification is filed when an employee and/or supervisor feel an incumbent is performing duties outside of their current title. The attached paperwork is a mechanism to collect information regarding the position responsibilities and changes to assist Human Resources to determine the most appropriate classification. This form should be completed in detail and submitted with the supplemental documentation listed above.

In considering a reclassification, the following factors are considered:

Factors that Count

- Additional Responsibilities
- Nature and variety of work
- Complexity of work
- Supervision or guidance received
- Supervision over others
- Guidelines available
- Consequences of errors
- Nature and finality of decisions
- Originality
- Knowledge, skills and abilities required for the position

Factors that Do Not Count

- Dependability
- Volume of work
- Quality of performance
- Pay step in range
- Financial need
- Loyalty to University and/or supervisor
- Length of service

The employee and/or supervisor will be contacted for a review of their position and/or additional information, if deemed necessary by the Office of Human Resources. An internal impact analysis will be conducted and similar positions will be reviewed to insure internal consistency in the classification process.

The employee will be notified of the determination.



Internal Tracking - Request for Reclassification - SOM Use Only

To be completed by employee and/or supervisor

Name of Incumbent _____ Banner ID _____
Office/Department _____ Phone Number _____
Present Title _____ Range _____ Hours per Week: _____
Requested Title _____ Range _____ Hours per Week: _____
Requestor Signature _____ Ext. _____ Date _____
Department Administrator/Chair Signature _____ Date _____

Maximum Amount:	Index/Allocation/%	1.	2.	3.	4.
	Amount:	1.	2.	3.	4.
	Fund:	1.	2.	3.	4.
	Approved by:	1.	2.	3.	4.

Upon completion, please forward to the Dean's Office.

Dean's Office Acknowledgement _____ Date _____

To Be Completed by Compensation

Approved Job Title: _____ Class Code: _____
Salary Table/Grade: _____ Salary Range and Step: _____
Min. \$ _____ Mid. \$ _____ Max. \$ _____
Approved Salary/Hourly Rate: _____ Hours per Week: _____ Effective Date: _____
Union: _____ Pension: _____
Type: Non-Exempt Exempt Full Time Part Time

Approved by: _____ Date: _____

Final Approvals:

Dean: _____ Date: _____
Sr. VP of Health Sciences: _____ Date: _____

Final Human Resources Action:

Entered in Banner: _____ Employment Letter sent: _____

Employee Name:	Banner ID:
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Position Classification Questionnaire

In a few sentences, briefly describe the primary function and purpose of this position.

Work Duties Performed (To Be Completed by Employee) – Describe in detail the work required of this position. Make descriptions so clear that persons unfamiliar with the work can understand exactly what is done. **You MUST explain how the job duties at issue are more appropriate to the requested title than your current title.** Note: If this is a vacant position or a new position request, the form must be completed by the supervisor of the position and certified for accuracy by Human Resources.

Percent of Time (must equal 100%)	Work (Duties) Performed	Order of Difficulty

Employee Name:	Banner ID:
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Regular Schedule of Work Hours:

Day	From	To	Day	From	To
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday			Length of Lunch Period:		

Total Hours Worked Per Week: _____

Explain Rotation of Shifts, if any: _____

Employee Name:	Banner ID:
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Type of supervision received (see definitions):

Close Limited General Other (explain) _____

Close – Work is performed according to detailed instructions and supervision is available on short notice
Limited – Incumbent proceeds on his/her own initiative while complying with policies, practices, and procedures prescribed by the supervisor. The supervisor generally answers questions only on the more important phases of the work.
General – Work is performed independently. The incumbent seldom refers matters to supervisor except for clarification of policy.
Other – If your work is supervised in a manner different from all of the above, please describe briefly how your work is assigned and supervised.

Does this position supervise other employees? Yes No

- Occasionally or Regularly? _____
- Responsible for employee performance evaluations? _____
- Assigns employees work? _____
- Reviews completed work of employees supervised? _____

List the names and titles of the employees supervised directly:

Completed by: _____ Date: _____

To Be Completed by the Immediate Supervisor:

Do you agree or disagree with the duties listed and the cited percentage of time?

Briefly document the rationale justification for the new position or the requested reclassification. What has changed in the department? Is there a new program or new responsibilities? What are the main component s warranting a request for reclassification?

Employee Name:	Banner ID:
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Please list any licenses, certificates or registrations that are needed to perform the essential functions of this job?

Describe the interaction this position has with other positions, units or sections within the department, the University and outside of the University.

Are there positions at the university that you find to be similar to this one? If so, please list and explain why.

Please include any additional information that would be helpful in evaluating this position.

Supervisor Name: _____ Phone Number: _____

Job Title: _____

Signature: _____ Date: _____

**Please include an organizational chart of your department including manager/supervisor, peers and direct reports. The chart should include titles and names of current employees in each role.

**Please include an updated, proposed job description for compensation approval.