

Staff Job Classification / Reclassification Request Form

Use this form to request the classification of a new staff position or to request the reclassification of an existing position

Instructions:

- The purpose of this form is to document the nature of the request and to gather information to ensure proper job classification and grading.
- All sections of this form must be completed in order to prevent a delay in the request. For assistance completing this form, please contact your Human Resources Business Partner
- Complete the related ePAR requesting the new position or reclassification and attach the following to the ePAR:
 1. this completed form (saved as pdf)
 2. current departmental organizational chart (required for reorganizations; otherwise, optional);
 3. proposed departmental organizational chart (required for reorganizations).
- Submit the ePAR for review and approval. Approvals for the request will be captured through the ePAR workflow process.

Completed by (name): _____

Is this request part of a reorganization? Note: If this request is part of a reorganization, review with Human Resources prior to submitting.

- Yes
 No

Type of request:

- New Position (please complete fields below)
 Reclassification of existing position (please complete fields below)

Institution (Company): _____

Division/Department Name: _____

Supervisor Name: _____

Supervisor Title: _____

Department ID: _____

Department Head: _____

Requested Job title: _____

Requested Job Code _____

(Enter 9999 as a placeholder if the code does not already exist in the Pay Plan)

Requested Annual Salary: _____

If this is a new position, skip to the next section.

Position Number if currently existing: _____

Current Job Code: _____

Current Job Title: _____

Employee EmplID and name if filled: _____

If filled, is the incumbent already performing the job responsibilities of the requested reclassified position? _____

Will this position be posted after the classification/reclassification process has concluded?

- Yes
- No

Designate the expected work arrangement for this position. Please note that a completed Flexible Work Arrangement will be required to implement a remote, hybrid, or modified schedule.

- On-Site
- Remote
- Hybrid
- Modified (e.g. Mon - Thurs, 10 hours/day)

Justification / Nature of Request:

Provide detailed justification supporting the requested new position or reclassification and how the position fits into the existing organizational structure. For new positions, provide detail supporting the need for the position. For reclassifications, please provide specific detail regarding how the position has changed. **This is a key section in evaluating the classification/reclassification request.**

Classification / Job Summary (Max Characters: 1,325)

Provide a high-level overview of the role, the primary purpose, and a concise summary of why the job exists.

Essential Duties and Responsibilities Related to This Specific Position: (Max Characters: 1,325)

List six to eight essential duties in order of importance and/or frequency.

***Note:** Essential functions are the job duties that an employee must be able to perform, with or without a reasonable accommodation. Essential job functions are the core elements of any given position. These are job duties that must occur in order for the business unit (and overall business) to function successfully. The reason the position exists is to perform this function. Removing this function would fundamentally change the position.*

Example:

* Responsible for managing administrative operations for a department and functions as an office manager (30%)

Complete the above and the confirmation box below if you are verifying that this request matches an existing classification:

I confirm that I have reviewed existing classification title: _____ and job code: _____ and this request aligns with the attributes of the existing classification including the job duties, minimum qualifications and required knowledge, skills, and abilities.

Stop here if you are certifying that this request matches an existing classification. Please sign in the approval section below.

OR

Continue completing the information below if this request does not match an existing classification

Minimum Qualifications: (Max Characters: 500)

Define the minimum education and experience required in order to satisfactorily perform the essential functions. Also include any required licensure or certifications. **Provide in paragraph form.**

Knowledge, Skills and Abilities: (Max Characters: 1,325)

(Click here to access the KSA bank)

List key knowledge, skills and abilities needed to perform the job.

Level of Supervision Received:

- Direct Supervision** - Work completed with little autonomy; works under either direct supervision or clearly defined procedures. Work is reviewed for completeness or accuracy, adequacy, and adherence to instructions.

- General Supervision** - Work completed under general supervision. The supervisor provides assignments by indicating general objectives, limitations, quality, and quantity expected deadlines and priorities. Employee uses initiative in carrying out recurring assignments.

- Limited Supervision** - Work completed with a limited degree of supervision. Supervisor makes assignments by defining objectives, priorities, and deadlines, and assists employee with unusual situations that do not have clear objectives. Employee plans and carries out assignments and resolves problems and deviations in accordance with instructions, policies, and accepted practices.

- General Direction** - Work completed autonomously. Receives general direction working from established policies and procedures. Supervisor sets overall objectives and resources available, and provides consultation to employee to develop deadlines, projects, and work to be completed. Employee plans and carries out assignments, resolves most conflicts, coordinates work with others, and interprets policy on own initiative. Employee keeps supervisor informed of progress, potential issues, or far-reaching implications.

- Minimal Guidance** - Work completed independently with minimal guidance. Assignments are made in terms of broad practice, precedents, policies, and goals. Work may be reviewed for fulfillment of department objectives, and conformance with policies and regulatory requirements.

- Broad Administrative Guidance** - Receives only broad administrative guidance. Assignments are in terms of setting objectives within strategic planning goals. Employee has responsibility for planning, designing and implementing programs and projects, and sets goals for department. Review of work is generally limited to accomplishment of broad functional objectives, and conformance to policies and regulatory requirements.
- Strategy Alignment** - Receives only broad strategic guidance. Assignments are in terms of developing and achieving strategic goals and objectives, aligned with division and institution strategy. Review of work is limited to accomplishment of functional objectives and business plans for multiple units.

Supervisory Responsibilities:

- No supervisory responsibility.
- Provides on-the-job training/support to new team members.
- Team lead, coordinate work or mentors junior team members, but not a supervisor.
- Oversees student workers only.
- Full Supervisory Responsibility.

Number of Direct Reports?

List Official titles of direct reports (if applicable):

Environmental Hazards:

- No adverse environmental conditions expected.
- Exposure to fumes or airborne particles.
- Low temperatures.
- Outdoor elements such as precipitation and wind.
- Work with toxic or caustic chemicals.
- Elevated temperatures.
- Exposure to moving mechanical parts or vibration.
- Noisy environments.
- Small and/or enclosed spaces.

Budgetary Responsibilities:

- None
- Responsible for monitoring budget but not for developing or allocating budget
- Responsible for development, management and/or allocation of a budget

If yes, what is the total annual budget?

Additional Comments:

Upon completion please save this form as a pdf, attach it to an ePAR and submit the ePAR.

The individual to be contacted for questions about this form: _____