

Manhattan Area Technical College

HUMAN RESOURCES PROCEDURES

Position Reclassification Procedures

POSITION RECLASSIFICATION

Reclassification may occur when the duties and responsibilities assigned to a position change substantially. This change may be the result of reorganization, new programs/functions, and/or changes that evolve over a period of time.

The following information is provided to assist you in the process of requesting a reclassification review.

GENERAL INFORMATION

The classification process is based upon securing facts about each job in an objective and accurate fashion to provide a consistent method for establishing comparable levels of classifications in a fair and equitable manner. The information you provide will serve as the basis upon which an appropriate classification of an existing position will be made.

In order to understand how a job is classified, it is important to know what things count in classifying jobs and what things do not count. Length of service, volume of work or such personal traits as exceptional qualifications, personality, financial need, relative efficiency, etc. carry no weight in determining how job is classified. It is also important to keep in mind that it is the job which is classified, not the employee.

The things which do count in classifying a job include the nature of work, difficulty, and degree of responsibility. Other important factors are the diversity of work, discretionary authority, supervisory responsibility, and degree of supervision received. Of equal importance are equity considerations, i.e. jobs with similar levels of responsibility tend to be classified the same.

Finally, it is important to remember that the goals of the Position Classification System are to insure internal pay equity and establish salaries that are competitive in the marketplace.

REQUESTING A RECLASSIFICATION REVIEW

1. Revise Position Description.
2. Complete Reclassification Questionnaire/Job Description Analysis (below) and obtain appropriate signatures.
3. Submit originals of Position Description and Reclassification Questionnaire to the Supervisor

The above materials will be reviewed and if additional information is needed, a field audit will be conducted. If it is determined that it is not appropriate that the position be reclassified, you will be informed of the reasons for retention.

Following budgetary approval, the supervisor, the incumbent and the Budget Officer will be notified. If the reclassification results in a salary change, it will become effective at the beginning of the next pay period following final approval.

Reclassification Questionnaire

Why did these significant changes in duties occur necessitating this reclassification request?

What benefits does the department expect to derive from these changes?

Has anyone been performing these duties (now or previously)? If so, list their name, title, and an explanation of why the duties are being reassigned.

Employees Signature _____ Date _____

Supervisors Signature _____ Date _____

(continue to next page)

Job Description Analysis

		Date:	
Employee Name:		Job Title:	
Department:		Immediate Supervisor:	

Please indicate if changes were made on the job description:

<input type="checkbox"/>		Job description is completely revised.
<input type="checkbox"/>		Job description is revised with minimum changes.
<input type="checkbox"/>		Job description has not changed.

For Human Resources Use Only	
Changes in job description were reviewed by:	
Name:	Date:
Comments/Action:	

Purpose: (Give an overall statement of the primary purpose of the job.)

Job Responsibilities: (List in order of importance the major responsibilities of the job results to be accomplished and estimated percentage of time spent on each responsibility.)

Indicate the scope of the authority exercised, number of people supervised and so on.

Describe any periodic or occasional duties performed.

Describe any unusual working conditions or physical effort involved in the job.

Give examples of typical problems solved and the type of decisions made indicating the highest level of independent action taken.

List the contacts with people (both inside and outside) that are required by this job other than the immediate supervisor and those under supervision. State nature, frequency, and method (in person, telephone, correspondence) of contact.

List the job skills required for the performance of this job. These skills should be described at the minimum acceptable level required to accomplish this job.

Employee's Signature:		Date:	
Supervisor's Signature:		Date:	
Budget Officer's Signature:		Date:	