

Application for Position Reclassification Form (General/Professional Staff)



Please Note:

- The reclassification of a position is based on the ability to prove a substantial increase in **work value** (see [Position Reclassification Guidelines](#)). Changes in the work value may have arisen from changes in the duties and responsibilities and/or the skills and experience required to perform the duties of a position. Changes in **work volume** do not necessarily lead to changes in work value, there needs to a demonstrated increase in work value.
- The classification of a position must be based on **the essential requirements of the position** rather than the knowledge and skills of the incumbent. The knowledge and skills required to successfully carry out the duties of a position must be directly relevant to the essential requirements and responsibilities of the position, not higher level skills and abilities which the incumbent may possess. If the skills of the incumbent are over and above what is required to effectively carry out the requirements of the position, this cannot form the basis of a position reclassification.
- Before completing this form, please **ensure that the changes to the position are on-going**. If they are only for a defined period of time, they cannot form the basis of a position reclassification. One-off short term duties performed in addition to a staff member's substantive position description or a one-off specific task or project should be reviewed in accordance with the options available under the Payment of Additional Remuneration Policy.

| TYPE OF RECLASSIFICATION REQUEST | | |
|---|--|--|
| An application for reclassification may be initiated by the staff member occupying the position or by the University (Line Manager/HOS/Area). Please indicate which is applicable by placing ✓ in the relevant box below: | | |
| <input type="checkbox"/> Staff member initiated Request for Position Reclassification or <input type="checkbox"/> University (Line Manager/HOS/Area) initiated Request for Reclassification | | |
| Position Number | | Incumbent Incumbent Staff ID |
| School/Area | | |
| Faculty/Portfolio | | |
| | CHANGED POSITION DETAILS | EXISTING POSITION DETAILS |
| Position Title: | <i>Revised position title:</i> | <i>Existing Position Title:</i> |
| Reports to position | <i>Title of position which this position is to report to (or name of manager):</i> | <i>Title of position which the position currently reports to (or name of manager):</i> |
| Reports to Position Number | <i>Position Number of 'reports to' position:</i> | <i>Position number of existing reports to position:</i> |
| HEW Level | <i>Proposed HEW Level:</i> | <i>Current HEW Level:</i> |
| How long has the staff member been performing the changed duties of the position? | | |
| ORGANISATIONAL UNIT/C-LEVEL AND FUNDING | | |
| C Level Code | C Level Description | Short C Level |
| Cost Centre | % of Funding | Funding Type |
| | | |
| CHANGES TO POSITION | | |
| Please provide details of significant changes in the duties and responsibilities and essential criteria requirements of the position since it was last evaluated: | | |
| | | |

Are the new duties/responsibilities additional to the Area or have they been allocated from other positions?
Please specify:

What duties/responsibilities (if any) have been removed for the position to accommodate these changes? Which position (if any) is now responsible for them?

VERIFICATION

STAFF MEMBER OCCUPYING POSITON

1. I certify that a Work Planning and Performance Review (WPPR) between my Line Manager and myself took place on _____ (insert date of WPPR), during which the need to update the position description was discussed; YES | NO
2. I believe there have been significant changes to the essential position requirements/criteria and a reclassification process is necessary and YES | NO
3. The attached revised position description is an accurate reflection of the position as it currently stands and has been developed in consultation between myself and my Line Manager YES | NO

Staff Member Name: _____

Staff Member Signature: _____

Date: _____

NOTE: In the absence of an agreed Position Description (PD), the staff member should have as many duties/responsibilities and essential criteria requirements as possible within the PD, agreed with their line manager, plus have evidence of the requirement to undertake the disputed duties in the PD. **Please ensure any disputed duties/criteria are highlighted/annotated as such in the PD. Evidence any disputed duties should be attached separately to this form, if applicable.**

LINE MANAGER

1. I certify that a Work Planning and Performance Review (WPPR) between the Staff Member and myself took place on _____ (insert date of WPPR), during which the need to update the position description was discussed; YES | NO
2. I believe there have been significant changes to the essential position requirements/criteria and a reclassification process is necessary YES | NO
3. The attached revised position description is an accurate reflection of the position as it currently stands and has been developed in consultation between the Staff Member and myself YES | NO

Line Manager Name: _____

Line Manager Signature _____

Date: _____

Line Manager Comments Line Manager please outline your response to the claimed duties and essential criteria requirements and the reasons why you disagree with the claim of the staff member in relation to any disputed duties (please attach a separate memo outlining your views). YES | NO

Authorisation

| Position Title | Name | Signature | Date |
|---|------|-----------|------|
| Cost Centre Manager or nominee | | | |
| Head of School/Area | | | |
| Faculty Business Manager/Executive Manager or nominee | | | |