

REQUEST FOR CLASSIFICATION / RECLASSIFICATION OF A GENERAL STAFF POSITION

Documentation

Requests for reclassification of a General Staff Position must be made on the Request for Reclassification of a General Staff Position form.

The staff member and nominated supervisor are required to sign the request form. The request form must be endorsed by the Dean or Director as an indication of her / his support for a review of the HEW level of the position.

If an occupied position is reclassified to a higher level, the new salary will be effective from the date of submission to the Dean / Director or the date indicated on page 3 of this form, whichever is the earliest.

NOTE:

Position classification establishes the work value of a position and sets the applicable salary range. It does not reflect the personal qualities or contribution of the individual employee occupying the position.

An increase in classification can be justified only if there has been a significant net addition to the value of the work required to be performed and an assessment reveals that the work is unquestionably that of a higher classification level. A change in work or increased workload may not necessarily involve a change in the value of the work.

REQUEST FOR CLASSIFICATION / RECLASSIFICATION OF A GENERAL STAFF POSITION

This form must be completed and forwarded to your HR Business Partner through the Executive Dean/Director to allow a reclassification request to be registered and proceed. Mail to Office of Human Resources, Building AE, Werrington North, Penrith Campus.

Position Details

Position Title: _____

Establishment No: _____
[if "new" position insert "new "]:

School/Office: _____

College/Division: _____

POSITION CLASSIFICATION REQUEST FOR: (Tick as appropriate)

- **New position requiring classification –**

This position has not existed before. Attach proposed Position Statement and organisation chart.

- **Existing unoccupied established position requiring re-classification**

This position is an existing vacant position and a significant change has been identified. Attach current and reviewed Position Statements and organisation chart.

- **Existing occupied established position requiring re-classification –**

- This position is an existing position with a current occupant. The employee and their supervisor have agreed the current Position Statement is inaccurate. Attach current and reviewed Position Statements and organisation chart.

**IF A NEW POSITION OR AN EXISTING VACANT POSITION, GO TO PAGE 4 FOR
ENDORSEMENT OF EXECUTIVE DEAN / DIRECTOR.**

1. FOR RECLASSIFICATION REQUESTS ONLY

Broadly identify significant changes to the purpose, scope and function of the position since it was last classified. Add additional page [s] if necessary.

2. Request for Reclassification

(To be completed by the occupant of the position)

(i) I have discussed my position with my supervisor / line manager and we have agreed that the position is currently incorrectly classified and seek reclassification. Yes No
(circle one)

(ii) I confirm the accuracy of the above summary as a true reflection of the changes that have occurred to this position and that the changes are now a requirement of the position as it currently exists Yes No
(circle one)

(iii) The attached revised Position Statement reflects the above changes and has been developed in consultation with my supervisor. Yes No
(circle one)

PLEASE ATTACH THE ORIGINAL AND REVISED POSITION STATEMENT AND AN ORGANISATION CHART TO THIS FORM.

Name: _____

Signature: _____
[Occupant of the position]

Date: _____

3. Endorsement of Request for Reclassification

(To be completed by the relevant Manager/Supervisor)

- (i) I confirm that the incumbent of this position has discussed the need to update the Position Statement for this position. Yes No
(circle one)
- (ii) I confirm the changes that have occurred to this position, that these are ongoing and have been incorporated into the requirements of the position. Yes No
(circle one)
- (iii) I confirm that the revised Position Statement reflects the above Changes. Yes No
(circle one)
- (iv) Please indicate the approximate date at which you believe the position requirements changed to those described in the summary _____

Name: _____

Signature: _____ Date: _____

(Relevant Manager/Supervisor)

4. [Tick appropriate box]

- a. I have discussed the reclassification request and revised Position Statement with the Manager/Supervisor submitted under the terms of Clause 52 of the General Staff Enterprise Agreement and endorse the request for reclassification;

OR

- b. This is a new position requiring classification;

OR

- c. This is an existing, vacant position and a significant change has been identified warranting a review of the classification level.

Dean / Director _____
Print name Signature Date