

# CLASSIFICATION REVIEW REQUEST FORM

**INSTRUCTIONS FOR COMPLETING CLASSIFICATION REVIEW REQUEST FORM AND POSITION DESCRIPTION TEMPLATE**

Classification review requests are to be submitted ONLY when substantial changes in the assigned duties have occurred. Reclassifications should not be requested to: 1) reward meritorious performance; 2) recognize increases in the volume of work assigned to a position; or [3) address any other](http://www1.umn.edu/ohr/toolkit/compensation/reclassification/index.html) minor changes or temporary changes in assigned responsibilities.

## Steps to follow in requesting a classification review:

1. Go to June Box FY20 SharePoint site at <https://mcgov.sharepoint.com/teams/apps/OHRJuneBox>
2. Download the MCGEO or Non-Represented packet
3. Employee completes all the files in the packet
4. Employee signs and forwards the completed documents to the supervisor for review and signature.
5. Supervisor reviews the completed documents for completeness and accuracy and adds comments or additional information as needed. **Any changes made to the completed position description by the Supervisor must be communicated to the employee.**
6. Supervisor signs all completed documents and attaches both current and previous position descriptions and also provides the units current organization chart.
7. Supervisor forwards all completed documents to the department head/director/designee and/or HR Liaison for signature approval.
8. Upon approval, all completed documents shall be submitted to the Classification Department through <https://mcgov.sharepoint.com/teams/apps/OHRJuneBox>. Only electronic documents submitted through the June Box FY20 SharePoint site will be accepted.

If the reclassification is approved following OHR’s review, the effective date will follow appropriate regulation, policy or labor contract governing reclassifications.

## Check off list for submission:

* **Classification Review Request Form**
* **Position Description on new template with current job duties. The position description must include:**
	+ Summary statement (major purpose of position and its role in the department)
	+ Core functions and essential and marginal job duties
	+ Degree of supervision indicating who assigns work, degree of independence and other guidelines
	+ Requirements (skills, knowledge, ability, and behavioral competencies)
	+ Signatures of the employee, immediate supervisor, department head/director on the position description
	+ Date when the job description was approved or updated
	+ Special Requirements (e.g., critical position, conflict of interest, licenses, certificates, credentials, etc.)

## Position Description listing previous job duties

* **Organization Chart – Current and Proposed**
	+ To review positions more efficiently, we request that the organizational charts contain employee names, working titles, classification titles, and grade levels that reflect the proposed changes and the organization prior to the proposed changes.
* **Funding Approval Form (Non-Represented Only)**

**Instructions:** To initiate a classification review of your position or an employee’s position within your department, please complete this form by providing the information requested below.

**Section 1 – Employee Information**

|  |  |  |
| --- | --- | --- |
| Request Initiator: | * Employee
 | * Department
 |
| Employee: |  |  | Current Classification Title: |  |
| Employee # |  |  | Supervisor: |  |
| Requestor: |  |  | Manager: |  |
| Department: |  |  | HR Representative: |  |
| Division: |  |  | Proposed Classification Title: |  |
| Position #  |  |

**Section 2 – Eligibility**

## Describe what prompted changes to the position and the request for a classification review. Provide any relevant background information which may have resulted in changes to this position (e.g. reorganization of department, consolidation of positions, new or significantly expanded program, etc.)

Click here to enter text.

**Why has this change occurred? Please click the appropriate box below and attach the supporting documentation.**

* These changes occurred due to a reorganization approved by the Office of Management and Budget (OMB) and the Chief Administrative Officer (CAO).
* These changes support the Departments priority objectives or mission and are reflected in the County’s Operating and Capital Budgets and/or strategic plan.
* These changes support the priorities of the County Executive.
* These changes occurred because of changes in federal, state, or county law.

## If this position has assumed responsibilities from another position, please identify the other position/incumbent and explain why duties were assigned to this position.

Click here to enter text.

1. **Summarize the key changes in responsibility of the position; and how these changes altered the**

**position in terms of: scope, complexity, impact to the department or County, decision making, authority/independence to act, consequence of error, types/amounts of resources managed, or required knowledge.**

Click here to enter text.

1. **If known, identify positions in your department/section that you view as comparable positions. In addition, if there are positions in other departments that you view as possible comparable positions, you may identify those positions as well (identifying positions in other departments is not required, however some departments choose to do so for certain positions).**

Click here to enter text.

1. **Provide any additional information that either justifies the classification review request or assists with understanding the position.**

Click here to enter text.