

# MANAGEMENT POSITION RECLASSIFICATION

This form is to be completed by the immediate manager or vice president initiating a reclassification for their direct report or second-level manager. Please attach both the current and proposed department/division organizational charts. Completed forms and the required backup documentation are to be sent to [HRCP@mtsac.edu](mailto:HRCP@mtsac.edu).

## REQUESTED OUTCOME

Reclassification requests are reviewed and evaluated based on department/division reorganization and/or the addition of programs, services, and/or department/unit responsibilities that increase the level and complexity of job duties and not based on volume.

### Definitions:

- **Change in Classification:** The movement of one or more employees from their current classification to another existing classification.
- **Update to Existing Job Description:** Revision to the existing job description to reflect the gradual increase in job responsibilities. The revision to the job description may include a salary revision.
- **Creation of a New Job Description:** The creation of a new job description for an employee that reflects the updated job responsibilities.

I am requesting one of the following:

- Change in Classification
- Update to Existing Job Description
- Creation of a New Job Description

## EMPLOYEE INFORMATION

Employee Name: _____	Phone Ext: _____
Department: _____	Work Email: _____
Current Title: _____	Current Range: _____
Years/Mos In Position: _____	Current Step: _____
Immediate Manager: _____	Title: _____

## POSITION INFORMATION / ESSENTIAL DUTIES

Additional pages and documentation/back up may be submitted with this form. For a proposed change to an existing job description, obtain a copy of the applicable job description(s) and make the following changes on the document(s). You may print and use the current job description document from the HR web site or ask HR for the Word version to use the *Track Changes* function.

Items to consider for your rationale:

- What duties are not currently in the existing job description?
- How long has the incumbent performed the duties that fall outside of their current job classification?

State your rationale: \_\_\_\_\_

### PROPOSED RECLASSIFICATION INFORMATION

Proposed Updated Title: \_\_\_\_\_  Not Applicable

Proposed Updated Salary Range: \_\_\_\_\_  Not Applicable

Updated Salary Range Rationale:

### FUNDING INFORMATION

Attached is a budget verification from Fiscal Services representing the following:

Account Number: \_\_\_\_\_ % Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ % Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ % Amount: \_\_\_\_\_

Check all that apply:  Unrestricted General Fund  Restricted Funds  Categorical  Grant  Temporary

Duration if Grant or Temporary Funded: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Comments/Rationale:

### REQUEST SUBMISSION ACKNOWLEDGMENT

#### Immediate Manager's Submission:

I am submitting this request and attest the information provided in this form is complete and accurate to the best of my knowledge.

Immediate Manager's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Vice President's Signature: \_\_\_\_\_ Date \_\_\_\_\_

## ROUTING AND SIGNATURES

### Human Resources

Received by Human Resources: \_\_\_\_\_

Human Resources Review and Proposed Job Description and/or Salary Study Completed

HR Proposed Updated Job Title: \_\_\_\_\_

HR Proposed Updated Salary Range: \_\_\_\_\_

HR Comments:

Sent to Management Steering for review on: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Management Steering

Management Steering Recommendation and/or Comments:

Management Steering Co-Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_

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### President/CEO

Approved      If approved, indicate the effective date: \_\_\_\_\_

Denied

Comments:

President/CEO Signature: \_\_\_\_\_ Date \_\_\_\_\_

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