

Reclassification Justification



INSTRUCTIONS: A reclassification is based upon logical and gradual job change that results in the duties being more appropriately described by a higher-level classification as identified in the appropriate class specifications. Supervisors should use this form to provide the required justification and documentation to support a reclassification of a position.

In addition to this form, the following documents are also required:

- old position description (signed)
- new position description (with supervisor signature)
- organizational chart
- any exclusion analysis forms, if required (supervisory, management, confidential)

Submit the above items to DMASHR@widma.gov. The effective date will be the beginning of the pay period following the submission of all completed items.

SECTION 1 EMPLOYEE INFORMATION	
EMPLOYEE NAME (LEGAL FIRST & LAST NAME)	WORK UNIT / WORK LOCATION
SUPERVISOR NAME	
CURRENT CLASSIFICATION	REQUESTED CLASSIFICATION
SECTION 2 OLD POSITION DESCRIPTION	
Identify those duties, tasks and responsibilities listed in the old position description that are no longer performed by the incumbent and those duties, tasks and responsibilities listed in the old position description that now constitute a lower percentage of the employee's work time. Reference the deleted or changed duties by listing them as they appear on the old position description. (Examples: "A1. Types memos, correspondence ... B3. Write general replies ...") <u>Deleted Duties:</u> <u>Reduced Duties:</u>	

SECTION 3 NEW POSITION DESCRIPTION

Identify new duties, tasks, and responsibilities not listed in the old position description and identify those duties, tasks and responsibilities formerly listed in the old position description that now constitute a larger percentage of the employee's work time.

New Duties:

Expanded Duties:

SECTION 4 ADDITIONAL RECLASSIFICATION INFORMATION

1. Provide any other information you believe supports a different classification for this position (e.g., less supervision, greater level of responsibility, increased discretion, and independence).

2. Explain what caused the changes listed in sections 2 and 3. Be specific as to how those changes occurred and in what time frame. Reference such changes as department reorganization, changes in department procedures, advanced training of the incumbent, program expansion or contraction, introduction of new equipment, elimination of other positions in the work unit, and the like.

Also, be specific as to why it was logical to assign the changes to this position, could other positions have been assigned these duties, where the reduced work or work assignments no longer performed are located now, and from where the new work assignments came.

3. Explain why the changes in the duties and responsibilities should be considered logical and/or gradual.

4. Explain the effect that the changes described in sections 2 and 3 may have had on other positions in the unit.

5. Identify other state positions that perform comparable duties. Include employee(s) name, class, and location (within or outside this agency) and provide a brief description of how they compare.

6. Document that the incumbent has been performing the changed duties and responsibilities for at least six months by providing specific examples of work reflective of the “new” classification that has been performed for at least six months.

7. Provide any additional information surrounding the logical and gradual changes to this position and/or anything else that is needed to justify the reclassification of this position.

The information provided is an accurate description of job duties, job changes, and other related information.

SUPERVISOR SIGNATURE	DATE SIGNED
2 ND LINE SUPERVISOR SIGNATURE	DATE SIGNED

HUMAN RESOURCES ACTION	
Date Packet Received in HR	
Decision: ☐ Approve as delegated action ☐ Recommend Approval to DPM as non-delegated action ☐ Denied (attach denial letter)	
HR ANALYST SIGNATURE	DATE SIGNED
DPM HR ANALYST SIGNATURE (if non-delegated)	DATE SIGNED