

**Application for Reclassification**

# Effective August 2019

**IMPORTANT**

This application should be completed with reference to the Flinders University Enterprise Agreement

**Please read the ‘Classification Review Criteria’ carefully prior to completing this form**

**Section 1: Application Details**

Full name of person occupying the position

|  |
| --- |
| Click or tap here to enter text. |

Employee Number

|  |
| --- |
| Click or tap here to enter text. |

College or Portfolio (Reporting line)

|  |
| --- |
| Click or tap here to enter text. |

Work Area (e.g. college xx or central)

|  |
| --- |
| Click or tap here to enter text. |

Position Type

## Continuing [ ]  Fixed-Term [ ]

Fraction position currently occupied at (1.00FTE for full time)

|  |
| --- |
| Click or tap here to enter text. |

Current classification and position title

|  |  |
| --- | --- |
| HEO | Click or tap here to enter text. |

Classification sought and proposed position title

|  |  |
| --- | --- |
| HEO | Click or tap here to enter text. |

**Supervisor details**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |

**Who is initiating this request *(pls tick)?***

**Section 2: Case for Reclassification**

To be completed by the person initiating this request

Staff Member[ ] Supervisor [ ]

**Change to position requirements**

*Please provide details below as to how the requirements of the* ***position*** *have changed since it was last classified, specifically key requirements of the Position Description. Indicate the factors that have led to these changes to the position.*

Click or tap here to enter text.

**Statement against each of the domains**

*Please provide evidence to support the proposed increase in work value in accordance with the Classification Descriptors. Each domain should be addressed individually, providing facts and citing evidence to support the increase in work value.*

Qualifications and/or experience required to undertake the position.

Click or tap here to enter text.

Supervision received

Click or tap here to enter text.

Supervision provided to others (if relevant)

Click or tap here to enter text.

Knowledge requirements

Click or tap here to enter text.

Work complexity

Click or tap here to enter text.

Judgement and problem solving

Click or tap here to enter text.

Written communication

Click or tap here to enter text.

Oral communication and interpersonal skills

Click or tap here to enter text.

Any other general comments

Click or tap here to enter text.

### **Please tick**

### [ ]  I understand that the assessment will be completed by People and Culture.

### [ ]  I am aware that People and Culture may contact my manager or other key stakeholders to this position (e.g. Director, College Services) if appropriate, for further information

### [ ]  I understand that my Supervisor and the Portfolio Head/College Director will make a recommendation to People and Culture that will be taken into consideration.

I confirm that I have attached:

### [ ]  Existing Position Description

### [ ]  Revised Position Description, with changes highlighted in Word format

### [ ]  Organisational Chart showing classification levels and reporting lines within the area

### [ ]  Any other documentation that may be appropriate (please do not attach a CV)

***Signature of person submitting application Print Name Date***

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap to enter a date. |

***Signature, Staff member (if not initiator) Print Name Date***

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap to enter a date. |

**Section 3: Additional Information**

To be completed by the Supervisor/Line Manager (who may be the initiator)

*Please provide sufficient information to allow the Portfolio Head/Director to make an informed recommendation*

*All comments and recommendations will be made available to the employee currently occupying the position, if there is an inconsistent view of work complexity, it is important to meet with the employee to discuss so there are no surprises*

Does the attached proposed Position Description accurately reflect the skill level and work responsibilities that have been required and which will continue to be required in the future?

### Yes [ ]  No [ ]

If no, please provide a Position Description which you believe accurately reflects the skill level and work responsibilitiesrequired on the current PD template

Should this application for reclassification be successful, what is the potential impact on other staff members classified at the same level or in comparable positions across the work area, and the wider University?

Click or tap here to enter text.

What consideration has been given to where the increased scope of work best sits? Is there another position that this work is better aligned to?

Click or tap here to enter text.

Any other information relevant to the application

Click or tap here to enter text.

***Signature, Supervisor Print Name Date***

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap to enter a date. |

**Section 4: Recommendation and Comments**

To Be Completed by the Portfolio Head or Director *(whichever is relevant)*

### **Please tick**

### [ ]  I note this application for reclassification and understand that People and Culture will complete an assessment and notify all parties to the application of the outcome.

### [ ]  I am aware of the reasons why the scope and complexity of this role has changed and support these changes

### [ ]  I am aware of the impact on other comparable roles in my portfolio

### [ ]  I confirm that I have the operational and financial responsibility for this employee

### [ ]  Based on the application I do/do not recommend a reclassification

### [ ]  I confirm that my recommendation is supported by Vice President Corporate Services as part of my workforce plan

 **Comments supporting recommendation**

Click or tap here to enter text.

***Signature, Portfolio Head/Director Print Name Date***

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap to enter a date. |

***Please submit your completed application through Service One. Incomplete applications will be returned to the initiator***

***All applications must be sent to People and Culture for assessment in a timely manner, regardless of recommended outcome.***