

Request for Position Review/Reclassification - PTCTU

# PTCTU Contract Provision:

Process- The following are the steps that must be completed as part of the Reclassification Request Process:

* Employee (or supervisor or union president) must submit the Reclassification Request Form as well as the old and updated job description to:
	+ The employee’s supervisor
	+ The Dean or Executive Director of the area
	+ Human Resources
	+ Union President
* Within two weeks of receipt, the Dean or Executive Director will schedule a meeting to be held as soon as practicable with the employee, Supervisor and Union President to reach agreement on terms of the updated job description.
* Within five days of the meeting, the Dean or Executive Director will provide a report with the agreed upon revised job description to the employee, Supervisor and Union President.
* Within five days of receipt, the employee, Supervisor and Union President will provide input on the report.
* Within five days of receipt of feedback, the Dean or Executive Director will finalize the report and agreed upon job description and will forward all documentation to the employee, Supervisor, Union President, Human Resources and the employee’s Vice President.
* Within ten days of receipt of the report, the Vice President will schedule a meeting with the employee, the Supervisor, the Union President and Human Resources to review the updated job description and reach agreement as to the appropriateness of the revised job description.
* Within five days of the meeting, Human Resources will provide a report to the employee, the Supervisor, the Union President and Vice President with the agreed upon revised job description and proposed decision as to reclassification.
* Within five days of receipt of the report, the recipients will provide input on the report.
* Within five days of receipt of feedback, Human Resources will finalize and forward the report with recommendation to the Executive Director of HR.
* Within five days of receipt of report and recommendation, the Executive Director of HR will issue a final decision and will provide copies to each participant in the procedure.

# Request to be completed by Employee, Supervisor or PTCTU President:

Employee Name: type employee name here Date: select date here

Employee Banner ID: type employee Banner ID here

Current Job Title: type employee job title here Position Number: type number here

Date of last position review (if any): type date here

Basis for request (check one): [ ]  Continuation of previously granted Responsibility Dollars; or [ ]  Substantial Changes in Job content that are indefinite in duration.

# Responsibility Dollars Continuation:

Explain why the continuation of Responsibility Dollars is requested: type reason here.

Date additional duties began: select date here. Date additional duties will end: select date here.

# Substantial Changes in Job:

Has an updated job description been finalized? [ ]  Yes or [ ]  No

In the chart below, list the most time-consuming duties and, on average what percent of the employee’s time is spent on each (list only the ten most time-consuming duties if there are more than ten). If a duty has been added or increased since the position was last (re)classified, list the date of change, and state whether the change relates to temporary responsibilities (e.g., due to a one-time project, etc.):

| Essential duties | Percent of time(average) | When changed | Temporary?(Y/N) |
| --- | --- | --- | --- |
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In the chart below, describe any significant changes in workload (time required to perform the duties of the position) since the position was last (re)classified:

| Duties Involved inChanges in Work Load (Time Required) | Amount of change | When changed | Temp.(Y/N) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Would you like HR to conduct a desk audit (on-site review of job duties)? [ ]  Yes or [ ]  No

# Submission of Form/Documentation:

This form and supporting documentation must be submitted to the Employee, Supervisor, Dean/Executive Director, Association, Human Resources.

# Dean/Executive Director Review:

A fact-finding meeting to review employee job duties and organizational needs was held on this date: select date here.

A copy of the fact-finding report, including comments and all documents submitted in connection with this request, is attached.

Dean/Executive Director Signature: type signature here Date: type date signed here

# Senior Vice-President Review:

A review panel meeting to review employee job duties and organizational needs was held on this date: select date here.

A copy of the review panel report, including comments and all documents submitted in connection with this request, is attached.

Senior Vice-President Signature: type signature here Date: type date signed here

# Human Resources Review:

Based upon review, the following decisions are approved:

[ ] No reclassification or change in compensation.

[ ] Temporary adjustment of compensation (short-term changes only) in the amount of type amount here beginning on the date select date here and ending on the date select date here.

[ ] Restructure position as follows: type restructure description here.

[ ] Reclassify position as follows: New band- type new band here. New level- type new level here. New step- type new step here.

A copy of the written explanation for this decision as well as all documents submitted in connection with this request, is attached.

HR Executive Director Signature: type signature here Date: type date signed here

# Distribution of Decision:

Decision must be copied to Employee, Supervisor, Dean/Executive Director, Senior Vice-President, HR, Budget, Payroll.