

Employee Name _____ Date _____
Current Position/Title _____ Desired Position/Title _____

ABRAHAM BALDWIN AGRICULTURAL COLLEGE
STAFF RECLASSIFICATION GUIDELINES

1. The reclassification forms are requested from the Human Resources Office or printed from the website.
2. Supervisor will complete and return the reclassification forms to the Human Resources Office.
3. The Director of Human Resources will review the reclassification request and make a recommendation to the Vice President.
4. The Vice President will approve/disapprove the reclassification and inform the supervisor of the decision.
5. If the reclassification request is approved, the supervisor will complete the necessary Payroll Information Form (PIF) and send it to the Human Resources immediately.

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STAFF RECLASSIFICATION FORM

Please list:

Job Description of Current Position/Title	Duties Currently Being Performed *	Job Description of Desired Position/Title

* Describe fully the duties currently being performed, listing them in decreasing order of importance. State in concise terms the exact job assignment or responsibility. Be certain to explain terms such as “check,” “handle,” “responsible for,” “assist” and other possible ambiguous phrases. Assign approximate percentage of time to each duty listed. (Total percentage should equal 100%.)

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Please answer the following questions regarding the current duties of the position:

1. Accountability, Responsibility, and Decision Making: What types of decisions are made by this employee without referring to a higher authority?

2. Assignment, Review, and Approval of Work

A. How and by whom is work assigned?

B. How and by whom is work reviewed?

C. Who assists with problems in the work assigned?

D. What types of problems are referred to someone else?

3. Position Requirements

A. What are the educational requirements necessary for an individual to perform satisfactorily in this position?

B. Is a special license or formal training program required?

4. Supervisory Responsibility

A. Does this position supervise other employees?
If yes, list name, title, and type of work performed.

B. Indicate the type of supervision provided, including the amount of time directing others, how others' work is assigned and reviewed, and the types of problems that may be brought to this employee's attention.

C. Does this employee make salary recommendations for the position(s) supervised?

D. Does this employee have authority to make hiring and dismissal decisions?

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The above is a true representation of the duties I perform in this position.

Employee Signature

Date

REVIEW OF REQUEST BY IMMEDIATE SUPERVISOR

1. List the names and title of any position or positions in your organization you believe this desired position could be compared to in relation to level, complexity, and/or nature of assignments.
2. Describe the types and extent of instructions or directions normally given to this employee.
3. What do you consider to be the most important duties performed by this employee?
4. Please comment on the content of this form and indicate any modifications, additions, or differences in emphasis.

Immediate Supervisor

Title

Date

REVIEW OF FORM BY DEPARTMENT HEAD/DIVISION CHAIR

_____ I agree with the contents of this form.

_____ I disagree with the contents of this form.

Department Head/Division Chair

Title

Date

RETURN FORMS TO THE OFFICE OF HUMAN RESOURCES.

Human Resources Director

Date

Cabinet Level Administrator

Date

[Have Personnel Information Form (PIF) sent to Office of Human Resources immediately.]