**REQUEST FOR THE RECLASSIFICATION OF A POSITION**

*This is an existing position that has either changed significantly or has been modified where the current classification level may no longer be appropriate*

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| --- | --- | --- | --- |
| **Part A. General Details** | | | |
| School/Service Centre: |  | Business Unit: |  |
| Current Business Title: |  | Proposed Business title: |  |
| Current Classification: |  | Proposed Classification: |  |
| Position Number/s: |  | Requestor/Initiated by: |  |
| Line Manager: |  | Line Executive: |  |
| Position currently occupied? Yes  No  Name of occupant/s | | | |

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| **Part B. Reclassification Rationale** | | |
| *The purpose of this section is to detail the business needs or changes that have led to this application. What has changed in the business requirements/service delivery/structure etc.* | | |
| **Line Manager:** | **Agree  Disagree** | ***Line Manager Comment:*** |

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| **Part C. The Position** |

1. **Primary Objective(s) of the role**

Broadly describe the main purpose of the position and the objective of the business unit in which the position resides. Why does the position exist?

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| **Primary Objective(s)** | | | **Is this a significant change to current primary objective** |
|  | | | Yes  No  If yes, how has it changed? |
| **Line Manager:** | **Agree  Disagree** | ***Line Manager Comment:*** | |

1. **Know-How – Qualifications, Experience and Capabilities**

What knowledge, skills and abilities are essential for effective/competent performance in this position?

*(These should be reflected in the proposed PD and can be cut and pasted into the table below)*

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| --- | --- | --- | --- | --- |
|  | **Knowledge/Qualifications** | | | **Is this a significant change from the current position description** |
|  |  | | | Yes  No  If yes, how has it changed? |
|  | **Experience (5 maximum)** | | |  |
| **1** |  | | | Yes  No  If yes, how has it changed? |
| **2** |  | | | Yes  No  If yes, how has it changed? |
| **3** |  | | | Yes  No  If yes, how has it changed? |
| **4** |  | | | Yes  No  If yes, how has it changed? |
| **5** |  | | | Yes  No  If yes, how has it changed? |
|  | **Capabilities (5 maximum)** | | |  |
| **1** |  | | | Yes  No  If yes, how has it changed? |
| **2** |  | | | Yes  No  If yes, how has it changed? |
| **3** |  | | | Yes  No  If yes, how has it changed? |
| **4** |  | | | Yes  No  If yes, how has it changed? |
| **5** |  | | | Yes  No  If yes, how has it changed? |
| **Line Manager:** | | **Agree  Disagree** | ***Line Manager Comment:*** | |

1. **Major Accountabilities**

State **in order of importance** the key accountabilities for this position.

*(These should be reflected in the proposed PD and can be cut and pasted into the table below)*.

For each accountability indicate the approximate percentage of time spent and list in order of priority (this is to help inform the key focus areas of the role and what the deliverables or outcomes are).

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|  | **Accountabilities (8 maximum including mandatory compliance)** | | | **Time Spent (%)** | **Is this a significant change to current position description (specific examples)** |
|  | *e.g. Resolve complex student enquiries regarding study options escalated to this position* | | | *35%* | Yes – because ……. |
| **1** |  | | |  | Yes  No  If yes, how has it changed? |
| **2** |  | | |  | Yes  No  If yes, how has it changed? |
| **3** |  | | |  | Yes  No  If yes, how has it changed? |
| **4** |  | | |  | Yes  No  If yes, how has it changed? |
| **5** |  | | |  | Yes  No  If yes, how has it changed? |
| **6** |  | | |  | Yes  No  If yes, how has it changed? |
| **7** |  | | |  | Yes  No  If yes, how has it changed? |
| **If there have been significant changes to accountabilities, how/why have these changes arisen, e.g. have these been reassigned to other positions or reassigned to this position? Is the work no longer required? Please explain your response.** | | | | | | |
|  | | | | | | |
| **Line Manager:** | | **Agree  Disagree** | ***Line Manager Comment:*** | | | |

1. **Creativity and Innovation [Problem Solving – Freedom to Think]**

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| **What kind of decisions are required of the role, without referral to the line manager?** | | |
| **Indicate where there are policies/guidelines/procedures to guide the decision-making, if appropriate.** | | |
| **Identify what decisions require creativity, innovation or creation of new policy, guidelines or new directions.** | | |
| **What kind of decisions need to be escalated to Line Manager or above?** | | |
| **Line Manager:** | **Agree  Disagree** | ***Line Manager Comment:*** | |

1. **Challenges [Problem Solving – Thinking Challenge]**

Please describe, with examples, at least three challenges this role has. They might involve different customer demands, developing or interpreting policy and legislation, developing new approaches, technological challenges, managing diverse team etc.

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| **What is challenging?** | | **Why is it challenging?** |
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| **Line Manager:** | **Agree  Disagree** | ***Line Manager Comment:*** |

**6. Organisational Relationships and Impact**  
  
What knowledge of the organisation does this role require and how is that knowledge applied? What level of influence and collaboration across the organisation may be required?

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| **Line Manager:** | **Agree  Disagree** | ***Line Manager Comment:*** |

**7. Financial Responsibility (if applicable)**

Does this role have financial responsibility and/or delegation? If so, please outline what type of responsibilities and quantify for the current financial year (a useful reference could be the University Financial Delegations Policy).

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| --- | --- | --- | --- | --- |
| **Operating Budget:** | | | **Staffing Budget:** | **Capital Budget:** |
| Revenue: | | | | |
| Assets: | | | | |
| Projects: | | | | |
| Major Financial Delegations: | | | | |
| **Line Manager:** | **Agree  Disagree** | ***Line Manager Comment:*** | | |

**8. Span of Control – Reporting Relationships (if applicable)**

If this role requires line management of employees, please list the position title(s), FTE, head count and primary objectives of each role.

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| --- | --- | --- | --- |
| **Position Title** | | **Primary Objective** | |
| *e.g. IT Analysts (x 5 FTE)* | | *Generate and enhance reports for system applications to meet business specific reporting needs.*  *Identify and resolve user problems associated with the system to provide users across the organisation with timely and effective applications support.* | |
|  | |  | |
| **Will any reporting relationships to or from this position be altered? If yes, please specify.** | | | |
|  | | | |
| **Line Manager:** | **Agree  Disagree** | | ***Line Manager Comment:*** |

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| **Part D: Declaration and Final Approval for Reclassification Request** | | | |
| **Requestor** | | | |
| This position is eligible for a classification review and has not had a request submitted within one year of a previous HR determination. | | Yes | |
| Has this been discussed with relevant HR Business Partner?  If no, please contact the relevant HR Business Partner before completing this form. | | Yes | |
| Current Position Description attached (mandatory) | | Yes | |
| Proposed Position Description attached (mandatory) | | Yes | |
| Operational Plan is attached (optional) | | Yes  No | |
| This has been discussed with your line manager  If no, please contact your line manager before completing this form. | | Yes | |
| A copy has been retained for your records (recommended)? | | Yes  No | |
| This request has been fully completed and the information provided is a true and accurate description of the position. | | Yes  No | |
| **Requestor/s signature:** | | **Date:** | |
| **Line Manager / Line Executive** | | | |
| Are there budget and/or flow-on effects if this reclassification is approved?  Details | | ☐ Yes ☐ No | |
| This request has been fully completed and the information provided is a true and accurate description of the position. If no, details | | Line Manager  Yes  No  Line Executive  Yes  No | |
| Do you endorse the requestor’s classification request?  If no, please provide reasons: | | Line Manager  Yes  No  Line Executive  Yes  No | |
| **Line Manager name:** |  |  | |
| Line Manager signature: |  | **Date:** |  |
| **Line Executive name:** |  |  |  |
| Line Executive signature: |  | **Date:** |  |
| **Business Partner** | | | |
| **Business Partner name:** |  | | |
| Comments |  | | |
| BP signature: |  | **Date:** |  |

**All signatures are required prior to submission to complete the application. The BP date will be the formal submission date.**

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| Please forward this completed request, with the current and proposed PDs and any additional supporting information, to [people@ecu.edu.au](mailto:people@ecu.edu.au) |
| Date Received (P&C Use Only): |