

POSITION CLASSIFICATION REVIEW APPLICATION FORM

This form is to be used when a professional staff member initiates an application for a reclassification of the position they occupy.

Note: Professional staff positions are classified in accordance with the Professional Classification Standards (Schedule 7 of the University of Adelaide Enterprise Agreement).

STAFF MEMBER DETAILS

Staff ID: Position title:.....School/Branch.....Work phone

Title:Family name:Given names (in full):

Position No.:..... Current position classification:

Position classification sought:..... Step sought:.....

STAFF MEMBER (For Completion)

Before applying, please read Clause 5.5 - Classification Review and Schedule 7 of the University of Adelaide Enterprise Agreement 2017-2021. Please consult with your supervisor when completing the application and the proposed Position Description.

Note: A classification review applies to the position you currently occupy. Please provide details of the changes to the requirements of the position; changes such as work value, complexity and scope of responsibility in relation to the tasks and duties of the position. (Please attach any additional information/documentation if required)

A classification review considers both the current and proposed Position Description and identifies change(s) in the requirements of the position.

Provide details of the changes to the current position that may affect its classification, including details of the impact, complexity and responsibility of the duties normally performed in the position.

(Attach additional information if needed)

Any other relevant information not included in the revised Position Description.

(Attach additional information if needed)

SUBMISSION BY APPLICANT

Staff Member

Signature:..... Date:

Remuneration and Benefits Handbook	Position Classification Review Procedure	Effective Date:	6 March 2018	Version 1.1
Authorised by	Chief Operating Officer and Vice-President (Services and Resources)	Review Date:	5 February 2019	Page 1 of 3
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EXECUTIVE DEAN/ CORPORATE MANAGER/ DIVISIONAL HEAD: Support For Application

Will there be any adverse impact of the proposed reclassification on other positions in the Faculty/Division? Yes No

For comment:

Do you support this application for reclassification? Yes No

If No, please explain reasons:

Name:Signature:Date:

HR ADVISOR : For Assessment Of Position

Has all the documentation for the assessment of the reclassification of the position been received? Yes No

Provide any comments in relation to the assessment of the position for reclassification.

On the basis of the assessment of all the documentation relating to the classification review, it has been assessed that:
The proposed position description is classified at HEO.....Step.....at the effective date of.....

HR Advisor:
Name: Signature: Date:

(For approval of the determination at the higher classification level, forward to the relevant approver)

ASSOCIATE DIRECTOR: For Approval Of Position Classification

Director, HR/Associate Director, HR Advisory:

I approve the classification of the position as determined in the assessment above:

Name: Signature:..... Date:

HR ADVISOR: For notification to all parties

Notification of the outcome of this application has been forwarded to the staff member and relevant managers.

***If the application for reclassification is successful, unless otherwise specified and justified, the new classification will take effect no later than 20 working days from the date of submission of the application (Refer to staff member signing date above).**

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