

APPLICATION FOR RECLASSIFICATION – PROFESSIONAL STAFF POSITIONS

SUPERVISOR-INITIATED APPLICATION

This form is used by a professional staff member’s supervisor to initiate the reclassification of their staff member’s substantive continuing or fixed term position.

Professional staff who wish to apply for the reclassification of their own position should complete [Staff Initiated Reclassification Template AIR001](#).

Prior to completing this form, the applicant should read the [Reclassification of Positions \(Professional Staff\) Procedure](#); refer to *Schedule 7 - Classification Standards of the University of Adelaide Enterprise Agreement*; and review the current Position Description (PD).

The effective date of the reclassification is normally no more than 4 weeks after the date of the completed application being received by Human Resources. If a position is reclassified at a higher HEO Level, unless otherwise approved, the applicant’s salary increase will be backdated to the date the completed application is received by HR.

If previously approved, any temporary higher duties or responsibility allowance paid will cease on the date the reclassification takes effect.

POSITION DETAILS:

Name of Staff member (who occupies the position): _____ Staff Number: _____

Position Number: _____ Position Title: _____

Current HEO Level: _____ Step: _____ Proposed HEO Level: _____ Proposed Step: _____

Note: Unless there are exceptional circumstances, reclassification commences at step 1 of the relevant salary level.

SUPERVISOR TO COMPLETE

Please attach a copy of the current PD of the position being reclassified and describe why the position has changed, including the duties, tasks, scope of responsibility and/or complexity of the position and what has contributed to those changes?

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OTHER INFORMATION

Provide relevant information to support the application for reclassification.

SUPPORTING DOCUMENTATION

- Current Position Description
- Draft (New) Position Description
- Organisational Chart (recommended)

Note: For the reclassification to be considered, a copy of the current position description and a draft (proposed) position description, that accurately describes the duties, tasks, scope and complexity of the position must be submitted for assessment. Applicants may contact their HR Advisor for reclassification advice.

SUPERVISOR-INITIATED RECLASSIFICATIONS

- I confirm that I have discussed this application with the incumbent staff member and have developed the draft (proposed) PD;

I recommend reclassification to HEO Level _____ Step _____

(Unless exceptional circumstances apply all reclassifications will be to step 1. Justification must be provided (below) for the reclassified position’s salary level to be above step 1).

Supervisor’s name: _____ Supervisor’s Position: _____

Signature: _____ Date: _____

On completion, please forward the form to the Head of School/Branch/Faculty Executive Manager/Director

ENDORSEMENT HEAD OF SCHOOL /BRANCH HEAD OR FACULTY EXECUTIVE DIRECTOR

- I endorse the supervisor-initiated application
- I do not endorse the application

Provide a detailed reason why you do/do not endorse the application

Name: _____ Position: _____

Signature: _____ Date: _____

On completion, please forward the form to the Executive Dean/Divisional Head for endorsement

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EXECUTIVE DEAN/DIVISIONAL HEAD/CORPORATE MANAGER ENDORSEMENT

- I endorse the supervisor-initiated application
- I do not endorse the application

Provide a detailed reason why you do/do not endorse the reclassification application

Name: _____ Position: _____

Signature: _____ Date: _____

On completion, please forward the form to hrrservicecentre@adelaide.edu.au for the attention of HR Advisory

ASSESSMENT AND RECOMMENDATION – HR ADVISOR TO COMPLETE

Note: Unless there are exceptional circumstances, reclassification commences at step 1 of the relevant salary level.

Date received by Human Resources: _____/_____/_____

Having assessed the application and position descriptions by reference to Schedule 7 – Classification Standards (Professional Staff), I determine that the correct classification for the position is HEO: _____ Level.

- The reclassification of the position from HEO _____ to HEO: _____ is endorsed commencing at Step: _____ with an effective date of: _____/_____/_____
- The reclassification of the position from HEO: _____ to HEO: _____ is not endorsed.

HR Advisor Name: _____ date: _____/_____/_____

Forward the completed form and documentation to the Director, HR Advisory and Workplace Relations (or delegate) for approval.

APPROVAL – DIRECTOR, HR ADVISORY AND WORKPLACE RELATIONS (OR DELEGATE) TO COMPLETE

- I APPROVE the classification of the position as determined.
- I DECLINE the classification of the position.

Name: _____

Signature: _____ Date: _____/_____/_____

Having assessed the application and position descriptions by reference to Schedule 7 – Classification Standards (Professional Staff), I determine that the correct classification for the position is HEO: _____ Level step: _____

The effective date of the reclassification is: _____/_____/_____

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