

APPLICATION FOR RECLASSIFICATION – PROFESSIONAL STAFF POSITIONS

STAFF MEMBER INITIATED APPLICATION

This form is used to by professional staff to apply for the reclassification of their substantive continuing or fixed term position.

For Supervisor Initiated reclassification applications Supervisors should complete the Supervisor Initiated Reclassification Template SIR001.

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.

APPLICANT TO COMPLETE

Please attach a copy of your current PD 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?

OTHER INFORMATION

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Provide relevant information to support the application for reclassification.

SUPPORTING DOCUMENTATION

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, responsibility and complexity of the position must be submitted for assessment. Applicants may contact their HR Advisor for reclassification advice.

- Current Position Description attached
- Draft (Proposed) Position Description attached
- Organisational Chart (optional)

SUPERVISOR ENDORSEMENT

To be completed by the supervisor of the person employed in the position

- I have discussed this application with the staff member and have developed/reviewed the draft (proposed) PD in consultation with the staff member; or
- I recommend and endorse reclassification to HEO Level: _____ Step: _____
- I do not endorse the application for reclassification (provide a detailed reason for your decision (below).

Note: Unless there are exceptional circumstances to consider, all reclassifications will be at step 1. Justification must be provided (below) for the reclassified position’s salary level to be above step 1 and/or the backdating of the reclassification.

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 OR FACULTY EXECUTIVE DIRECTOR

- I endorse the application
- I do not endorse the application

Please provide a detailed reason why you do/do not endorse the application

Name: _____ Position: _____

Signature: _____ Date: _____

Please forward the completed form to the Executive Dean/Divisional Head for endorsement

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EXECUTIVE DEAN/DIVISIONAL HEAD/CORPORATE MANAGER ENDORSEMENT

- I endorse the application and recommendation of the supervisor and manager
- I do not endorse the application

Please provide a detailed reason why you do/do not endorse the 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 usually commences at step 1 of the relevant salary band.

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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