



Position Classification Review Procedure

IMPLEMENTATION

Aim

This procedure prescribes the process and responsibilities for a staff member to apply for a review of the classification of a position if they believe that the work value of the position has substantially changed, consistent with the [Remuneration and Employment Benefits Policy](#) and clause 5.5 of the [University of Adelaide Enterprise Agreement](#).

1 Objectives

1.1 To prescribe a process for all position classification review applications.

2 Scope

2.1 Inclusions

This procedure applies to all professional staff where the staff member considers that the duties and responsibilities of their current position have increased in complexity and/or work value to warrant a review of the classification.

2.2 Exclusions

This procedure does not apply to casual employees and Senior Managers, as defined in the [University of Adelaide Enterprise Agreement](#).

3 Process: Initial assessment and application of a position classification review

Person Responsible	Actions
3.1 Staff Member	<ul style="list-style-type: none"> a) Discuss with your supervisor the details of the changes to the duties and responsibilities of the position that you believe have occurred e.g. increased in complexity and/or work value. b) Complete the Position Classification Review Application Form (Appendix A).
3.2 Supervisor	<ul style="list-style-type: none"> a) Consult with the appropriate Division/Faculty HR Advisor, and provide comment and discuss with the staff member, where they believe the position's responsibilities have or have not increased in complexity and/or work value. <p><u>If not supported:</u></p> <ul style="list-style-type: none"> b) Advise the staff member, why their application will not be supported, if you do not believe their justification for a position re-classification is warranted. c) Complete the relevant section of the Position Classification Review Application form (Appendix A) and forward to the Head of School/Branch for their consideration.

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3 Process: Initial assessment and application of a position classification review (Continued)

Person Responsible		Actions
3.2	Supervisor	<p><u>If supported:</u></p> <p>d) Develop a draft position description, if after discussions with the staff member, you believe the changes warrant an increase in classification based on responsibilities and work value.</p> <p>e) Complete the relevant section of the Position Classification Review Application form (Appendix A) and attach the following:</p> <ul style="list-style-type: none"> • Current position description • Draft proposed position description • Current organisational chart (showing the position for review) <p>f) Forward the supported application to the Head of School/Branch for consideration.</p> <p>Note: If the position is vacant or new and requires a determination on its classification, refer to the Recruitment Procedure.</p> <p>The respective Faculty/Division is financially responsible for the increased cost of any reclassified position.</p>

4 Process: Supporting or declining a position classification review application

Person Responsible		Actions
4.1	Head of School or Branch/ Faculty Executive Manager/ Faculty Executive Director	<p>a) Review the application in its entirety, including the feedback from the supervisor and any additional documentation included.</p> <p>b) Indicate whether the application is supported or not, which will include reasons if the application is not supported.</p> <p>c) Forward recommendation to the Executive Dean/Divisional Head.</p>

4 Process: Supporting or declining a position classification review application (Continued)

Person Responsible		Actions
4.2	Executive Dean/ Corporate Manager/ Divisional Head	<p>a) Review and assess the application for a position classification review of the staff member's position, including comments provided by the supervisor and Head of School/Branch.</p> <p>b) Indicate whether the application is supported or not, which will include reasons if the application is not supported.</p> <p>c) Advise the Head of School/Supervisor of the outcome of the application.</p> <p>d) Forward the reclassification application to the Division/Faculty HR Advisor for assessment of the classification of the position.</p>

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5 Process: Review, assess and approve or decline application

Person Responsible		Actions
5.1	HR Advisor	<ul style="list-style-type: none"> a) Provide advice to staff, supervisors, Heads of School/Branch (Executive Dean/Divisions) on any aspects relating to the classification review and the Professional Classification Standards (Schedule 7) of the Enterprise Agreement. b) Review the application including the two position descriptions (current and proposed). c) Undertake further investigations to determine the appropriate classification of the application in line with the Professional Classification Standards (Schedule 7) of the Enterprise Agreement. d) Determine the commencement date that the successful classification review will take effect and advise the staff member and supervisor/s of the classification outcome. The review will normally be completed within four (4) weeks from the date of the application. <p>Note: Where a number of classification requests are required due to organisational requirements, HR, after a preliminary assessment may broker a suitable external contractor to provide the support required, at the expense of the School/Branch. These contractors will recommend the classification based on the Professional Classification Standards (Schedule 7) of the Enterprise Agreement.</p>
5.2	Director, Human Resources	<ul style="list-style-type: none"> a) Approve the reclassification of the position, following the HR Advisor's assessment of the classification as per the Professional Classification Standards (Schedule 7) of the Enterprise Agreement.

6 Process: Review of Decision

Person Responsible		Actions
6.1	Staff Member	<ul style="list-style-type: none"> a) Refer to Clause 5.5 – Reclassification of Positions and Clause 8.3 – Review of Decisions in the Enterprise Agreement for information on how to seek a review of a determination by Human Resources to decline an application for reclassification of a professional position and the terms of reference for such a review.

7 Useful information and resources

7.1	University related documents and policies University of Adelaide Enterprise Agreement (as amended) Remuneration and Employment Benefits Policy Recruitment Policy Performance, Development and Promotion Policy
7.2	Related legislation Fair Work Act 2009 (Cth)
7.3	Useful Web-links HR Service Centre

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POSITION RECLASSIFICATION 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 – Reclassification of Positions and Schedule 7 of the University of Adelaide Enterprise Agreement (as amended). Please consult with your supervisor when completing the application and the proposed Position Description.

Note: A position reclassification application relates 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 position reclassification application 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:

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SUPERVISOR (For Completion)	
<i>Note, supervisors are required to make comments about the position in the application. Please do not include personal comments relating to the applicant's performance, personal attributes or qualifications.</i>	
Do you agree with the reasons given by the applicant for reclassification of the position that they occupy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the proposed Position Description accurately reflect all the duties and responsibilities that are performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide comments:	

SUPERVISOR: Support For Application	
Do you support this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please explain reasons:	
.....	
Has a copy of this completed application been provided to the applicant for their records?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:.....Signature:.....Date:.....	

DOCUMENTATION (To Be Attached)
Please tick that you have provided the following documents with the application:
<input type="checkbox"/> Current Position Description
<input type="checkbox"/> Proposed Position Description
<input type="checkbox"/> Current organisational chart (showing position for review).

HEAD OF SCHOOL/BRANCH /FACULTY EXECUTIVE MANAGER/ DIRECTOR: Support For Application	
Do you support this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No please explain reasons	

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)

DIRECTOR HR Advisory: For Approval Of Position Classification

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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