

DANE COUNTY
REQUEST FOR REALLOCATION OR RECLASSIFICATION FORM

IMPORTANT NOTES:

- Request form should be completed by Supervisor or Employee(s) (if submitting without Department approval).
- The audit will NOT be conducted unless all of the documents are properly submitted.
- Failure to complete all sections of the form will result in delays as Employee Relations (ER) returns the form for completion.
- Requests are processed in the order received in ER and based on other ER workload priorities. (Request processing may take up to six (6) months.)

INSTRUCTIONS:

Please complete this form (typed), attach the following completed materials, and submit to Employee Relations (employee-relations@countyofdane.com):

1. Reallocation/Reclassification Analysis Form
2. Updated/Current Position Description (PD) (showing tracked changes)
3. Old Position Description
4. Memo/Letter describing the request
5. Organizational Chart

DEFINITIONS:

- **Reclassification** is based on permanent and significant job change (51%) where higher/lower level duties and responsibilities are performed to the extent that the position/classification is better identified by a higher/lower level pay range.
- **Reallocation** is based on inequity when comparing a position/classification’s duties and responsibilities to internal and/or external positions/classifications.
- **Lead Worker:** A position/classification whose permanently assigned duties include training, assisting, guiding, instructing, assigning and reviewing work of two (2) or more permanent full time equivalent classified employees in the position’s/classification’s unit as assigned and documented on the organizational chart. Lead workers cannot share the responsibility of supervising the work of employees.

IMPORTANT FACTORS NOT CONSIDERED IN RECLASSIFICATIONS:

Factors that are **not** considered in classifying a position/classification include: performance of the incumbent(s), longevity of the incumbent(s), change in volume of work, personality, or financial need.

PLEASE COMPLETE THIS:

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|---------------------------------------|
| Name of Department/Division/Unit: | | | |
| Employee(s) Name(s) (print clearly): | | | |
| Employee(s) Submitting Request WITHOUT department approval? | | Yes | No: |
| Current Classification/Pay Range: | | | |
| Request is for (check one): | <input type="checkbox"/> REALLOCATION | <input type="checkbox"/> RECLASSIFICATION | <input type="checkbox"/> LEAD WORKER |
| As the Supervisor of the employee(s) identified above, I certify they have been performing the duties on the attached updated position description since: | | | Duties since (month/day/year): |
| REQUIRED SIGNATURES | | | |
| First-Line Supervisor Name, Title, Email & Phone Number (print): | | Signature: | Date (mm/dd/yyyy): |
| Department Head Review (please print): | | Signature: | Date (mm/dd/yyyy): |
| Department Approved for Employee Relations Division Review: _____ Yes / _____ No | | | |
| Reason: | | | |

1. Position Description (PD):

The submitted document should include the purpose of the position and the typical duties and responsibilities. List only duties that either occupy a major part of this position's time and are characteristic elements of the normal work routine, or which although performed infrequently, are outstanding important elements of this position's work. Describe them in a way that it can be understood by someone not immediately familiar with this positions work. Begin each statement with an action word (e.g., 'Plans'). Please use track changes while updating the old position description.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| Is the PD submitted with this audit accurate in terms of duties and time percentages? (This will be the document used by the Analyst for the audit review so this must be accurate) | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|

1. Supervision Received:

| # | ITEM | NOTES |
|---|---------------------------------------------------------------------------------------------------------------------|-------|
| 1 | Who usually gives this position/classification work assignments, how frequently, and in what manner are they given? | |
| 2 | How much discretion does this position/classification have in the way its duties or assignments are performed? | |
| 3 | How is the performance of these assignments reviewed, measured, or evaluated? | |

2. Procedures/Guidelines Available:

| # | ITEM | NOTES |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1 | What policies, rules, instructions, or procedures are available to guide or restrict most of this position's/classification's related duties (including government regulations)? | |
| 2 | How often do they apply? ___ nearly always / ___ more than 2/3 of the time / ___ more than 1/2 of the time / ___ seldom | |
| 3 | To what extent does this position/classification have the freedom/independence to change or modify such procedures or instructions? | |
| 4 | In what ways and how frequently is independent thinking required in originating new or improved operating strategy, procedures, plans, or concepts? | |

3. Problem-Solving:

Describe four (4) typical problems this position/classification would be called upon to solve in the normal course of its work.

| # | PROBLEMS TO SOLVE |
|---|-------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

4. Decision Authority/Recommendation Areas:

List areas of responsibility or activities over which this position/classification (a) has full decision-making authority (that is, it decides on a course of action and has the authority to implement it), and (b) make recommendations to its supervisor for final decision to implement.

| # | ITEM | NOTES |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1 | List responsibilities or activities for which this position/classification has full decision-making authority to implement (approval of others not required) | |
| 2 | List responsibilities or activities for which this position/classification makes recommendations to a supervisor for final decision | |

5. Working Conditions:

Describe any disagreeable or hazardous conditions which this position/classification experiences while performing its job. Indicate the type of unpleasant conditions (odors, heat, noise) and the approximate percentage of working time this position/classification is exposed to each of these conditions

| TYPE OF CONDITION | % OF TIME EXPOSED | TYPE OF CONDITION | % OF TIME EXPOSED |
|-------------------|-------------------|-------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| # | ITEM | NOTES |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1 | Describe any significant physical effort required in this position/classification. | |
| 2 | Describe any pressures in the performance of its duties and the source(s) of that pressure. E.g., pressure sources like time schedules, volume of work, clients (list departments not people's names). | |
| 3 | Do the position's/classification's responsibilities require the incumbent(s) to work irregular hours or work beyond the normal work day for which they are not paid overtime or given compensatory time off? If so, how often? | |

6. Lead Work:

***Complete this section only if this position/classification has lead work responsibilities.**

NOTE: Employees' work will not be led by someone who is their relative, domestic partner or roommate. If possible, to avoid this, the employee may be assigned to the oversight of a different individual, change in work hours/shift and/or work location.

| # | ITEM | NOTES |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Is this position considered a Lead Worker? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 | Does this position/classification train, assign and review the work of other people in its work unit? If so, please describe what this position/classification does and provide specific examples. Include job titles and numbers of personnel directly led by this position/classification. | |

7. Supervisory/Managerial Responsibility:

***Complete this section only if this position/classification has supervisory/managerial responsibilities.**

NOTE: Employees' work will not be supervised by someone who is their relative, domestic partner or roommate. If possible, to avoid this, the employee may be assigned to the oversight or supervision of a different individual, change in work hours/shift and/or work location.

| # | ITEM | NOTES |
|---|------------------------------------------------------------------------------------------------|-------|
| 1 | List the job titles and numbers of personnel this position/classification directly supervises. | |

| | | |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2 | What is the total number of employees for whom this position/classification is responsible for, either directly or indirectly through Supervisors ultimately responsible to this position/classification? | |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

8. Type of Supervision (Supervisor/Manager)?

Check each of the phrases below which describe the kind of supervision this position/classification is required to exercise independently.

| <input checked="" type="checkbox"/> | SUPERVISORY RESPONSIBILITY | <input checked="" type="checkbox"/> | SUPERVISORY RESPONSIBILITY | <input checked="" type="checkbox"/> | SUPERVISORY RESPONSIBILITY |
|-------------------------------------|----------------------------------------------|-------------------------------------|---------------------------------------------------------|-------------------------------------|----------------------------------|
| | Assign work, add or delete duties | | Prepare performance evaluation | | Make adjustments in compensation |
| | Plan work, establish priorities | | Make recommendations regarding unsatisfactory employees | | Make promotional recommendations |
| | Instruct and train in methods and procedures | | Make final decision to terminate for cause | | Maintain staff records |
| | Make hiring recommendations | | Recommend salary adjustment | | Handle complaints and grievances |

9. Nature of Instructions Given (Supervisor/Manager)

| # | ITEM | NOTES |
|---|------------------------------------------------------------------------------------------------------|-------|
| 1 | To what extent does this position/classification give instructions as to what work others are to do? | |
| 2 | To what extent does this position/classification instruct others specifically how to do their work? | |

10. Confidential information

To what extent does this position/classification require dealing with information which is considered sensitive or confidential to the organization (check one)?

| | | | | | | | | | |
|--|-------|--|--------|--|---------|--|--------------|--|-------|
| | Daily | | Weekly | | Monthly | | Occasionally | | Never |
|--|-------|--|--------|--|---------|--|--------------|--|-------|

| # | ITEM | NOTES |
|---|----------------------------------------------------------------------------------------------|-------|
| 1 | What is the nature of this information? | |
| 2 | Did the position/classification have access to this information prior to this audit request? | |

11. Contact with Others

- a) Describe the purpose and frequency of any recurring contacts this position/classification would be required to have with others outside this immediate work group. Give examples of specific kinds of people contacted.

Type and frequency of contacts (use these definitions as guidelines):

OFTEN – 1x/day or more / **SOME** - At least 2x/week / **SELDOM** – 1x/month or less/ **NEVER** - No more than 1x/year

| # | PURPOSE AND FREQUENCY OF CONTACTS | NOTES |
|---|-----------------------------------|-------|
| | | |
| | | |

- b) For each of the groups below, indicate the nature and how often this position/classification communicates with them. The communication may be oral (face to face, phone, email) or written.

| GROUPS | NATURE/PURPOSE | FREQUENCY |
|---------------------------------------|----------------|-----------|
| With Outsiders/Public | | |
| With Suppliers/Vendors | | |
| With Top Management | | |
| With Department Head | | |
| With Managers in Other Departments | | |
| With Others (<i>please specify</i>) | | |

- c) Has the contact with others changed in this job? If so, how?

12. Impact of Position/Classification:

| # | IMPACT OF POSITION | NOTES |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1 | If this job were not done, what would be the impact? | |
| 2 | How would you summarize the impact of this positions/classifications work in terms of the overall goals and activities of the department and organization? | |
| 3 | Has the impact of this position/classification changed? If so, please explain how. | |

13. Impact of Errors:

| # | IMPACT OF ERRORS | NOTES |
|---|-------------------------------------------------------------------------------------------------------|-------|
| 1 | What is the likely effect of potential errors which could be made in the regular course of this work? | |
| 2 | How quickly would the overall correctness of this work typically be determined? | |
| 3 | How has the impact of errors changed in this job? | |

14. General comments:

- a) Recognizing that no single questionnaire can cover every aspect of a position/classification, after having completed this survey, can you think of any other information which would be important in understanding this request? If so, please list any additional comments below.

EMPLOYEE(S) AND SUPERVISOR ACKNOWLEDGMENT OF UNDERSTANDING

| EMPLOYEE COMPLETES THIS SECTION | SIGNATURE | DATE (MM/DD/YYYY) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|
| <p>I acknowledge that the documentation/information provided in this Request is a correct and accurate description of the job responsibilities. I also understand that the process for reviewing this Request may take up to six (6) months based upon the number of Requests already in the Employee Relations (ER) queue and other ER workload priorities.</p> | | |
| DIRECT SUPERVISOR COMPLETES THIS SECTION | SIGNATURE | DATE (MM/DD/YYYY) |
| <p>I agree with this document as written and that the Position Description being submitted accurately describes the position/classification. I understand that Employee Relations (ER) will rely on this information provided for the analysis. I also understand that the process for reviewing this Request may take up to six (6) months based upon the number of Requests already in the ER queue and other workload priorities.</p> | | |