Supervisory Considerations for Employee Reclassification Request

Date:

Employee Name:

Employee Signature:

Supervisor Name:

Supervisor Signature:

1. Why is an employee reclassification more suitable for your office’s needs than a reorganization of office duties?

2. What is the employee now doing that she or he was not hired to do?

3. Have any new duties eliminated prior responsibilities?

4. Do you feel that increasing uses of technology at the college is grounds for this employee reclassification? Please explain.

5. Will this reclassification result in a change of unit classification, i.e. support employee to supervisory employee?

6. What do you intend to be the funding source for this reclassification? (Note Chart Items 13-15)

7. What do you feel is the most significant reason for this request?
8. Why is a reclassification request more suited for your office than the addition of temporary or hourly help?

9. Would a short-term pay increase/decrease possibly satisfy the need for this reclassification request? If not, why?

10. Do you feel that other members of your staff may be impacted by this request? If so, how will you handle additional requests for future reclassifications?

11. If the request were denied, how would you organize the area to accommodate office needs?

12. Considering all of your staff members, why was this employee selected for reclassification at this time?

FUNDING STRATEGIES/SUGGESTIONS:

13. How will the cost of this reclassification be covered in the current fiscal year:
   a. Total Amount  b. Is this a % of the base salary?  c. Account Number (s)

   __________________________  __________________________  __________________________

14. How will the cost of this reclassification be sustained in the next fiscal year:
   a. Total amount  b. Is this a % of the base salary?  c. Account Number (s)

   __________________________  __________________________  __________________________

15. Comments:

16. Questions: