

ADMINISTRATIVE PRACTICES MANUAL

SUBJECT: REALLOCATION/RECLASSIFICATION OF POSITION

Departments may submit a request for classification review for positions whose duties and responsibilities have undergone <u>significant</u> changes. The following factors may indicate a need for classification review:

- -Significant and permanent changes in the assigned responsibilities
- -Changes in the level of complexity
- -Changes in the nature of contacts with others
- -Changes in the organizational impact of the position
- -Changes in the level of supervision received and/or exercised
- -Changes in the knowledge, skills, and abilities required to successfully perform in the position.

Factors that are <u>not</u> considered in classifying a position include: performance of the incumbent, longevity of the incumbent, change in volume of work, personality, or financial need.

Reallocations are defined in Dane County Ordinance, Chapter 18: Section 18.04; as,

"(36) Reallocation shall mean a change in salary range allocation for a position(s) or classification based on reasons of internal and/or external equity."

Reclassifications are defined in Dane County Ordinance, Chapter 18: section 18.04; as,

"(37) Reclassification shall mean a change in classification to which a position is assigned as a result of evaluation of the duties and responsibilities assigned to that position."

The only cause for reallocating/reclassifying a position is to maintain the classification plan as stated in Dane County Ordinance, Chapter 18, Section **18.23 CLASSIFICATION PLAN. (2)** *Maintenance of the Classification Plan.*

Therefore, the reallocation/reclassification policy of the Employee Relations Division will be for the sole purpose of maintenance of the classification plan.

<u>Bilingual Designations:</u> Departments may submit requests to designate positions as bilingual or to remove the bilingual designation. The Director of Administration may approve requests to change the bilingual designation for occupied positions without a resolution to the County Board. Any requests to change the bilingual designation for vacant positions will require a resolution to the County Board.

• <u>Documents required by Employee Relations</u>: Memo from department requesting the change.

<u>Requests to reclassify/reallocate a vacant position:</u> Any vacant position that is submitted for reclassification/reallocation will be reviewed for approval by the Director of Administration. The Director will



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determine in accordance with the ordinance which reclassifications/reallocations will require a resolution to the County Board. The department will then create a resolution and submit it through the County Board. The department can contact the Controller's Office to obtain the information needed for the fiscal note of the resolution. The County Executive has ten (10) days after the resolution is adopted by the County Board to sign the resolution. Once the resolution is signed, Employee Relations will receive a copy of the resolution from the Controller's Office.

When there are more than one position in the same classification being reclassified/reallocated at the same time and any are vacant, all positions being affected will need to be approved by the County Board via resolution.

The reallocation/reclassification process may <u>not</u> be used to do the following. All items listed below require a resolution to County Board:

- a. To create a new position seat.
- b. To take a position and split the FTE of the existing position to create two part time positions.
- c. Combine positions of the same classification that results in a budgeted position seat with 0.0 FTE.
- d. Combine positions of different classifications to increase the budgeted FTE of one classification.



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Forms Needed for Reallocation or Reclassification requests:
Request for Reallocation/Reclassification Cover Memo/Letter
Old/New Position Descriptions (PD)- use track changes for updates
Reallocation/Reclassification Request Form
Organizational Chart

RESPONSIBILITY	<u>ACTION</u>
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Appointing Authority/Supervisor/Employee	1.	When an appointing authority, supervisor or employee decides to request a reallocation or reclassification, the appointing authority must submit a cover memo/letter, the old position description (PD), the new PD and an organizational chart. The cover memo/letter should
		describe the reason for the request including: changes in department procedures, introduction of new equipment,
		duties (see example) and responsibilities of the position.

- The supervisor and employee must meet to complete the PD form. Any disagreements between the employee and the supervisor over the nature and scope of the job duties of the position being audited should be reported.
 - 3. The supervisor and appointing authority must meet and review the PD. Any disagreements between the supervisor and the appointing authority over the nature and scope of the job duties of the position being audited should be reported.
 - 4. Requests are to be submitted to the Employee Relations Division by the appointing authority as stated in Dane County Ordinance, Chapter 18, Section 18.23. Requests originating from supervisors and employees will not be processed until reviewed by the appointing authority of the originating department. After review, if the appointing authority determines that the request is not warranted, they have the authority to deny submission. If the department does not support the request, the employee can request that a paper review of the PD and/or an on-site review be conducted by Employee Relations staff to assess whether a full reallocation/reclassification

Supervisor/Employee

Appointing Authority/Employee Relations



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audit would apply. In the case of an employee only submission, the employee would be responsible for completing the Request Form and submit without supervisory signatures.

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- 5. The initial review of a request will be to determine if it is a reallocation or a reclassification request. The definitions used to make these determinations are contained in Dane County Ordinance, Chapter 18; Section 18.04: (36) Reallocation shall mean a change in salary range allocation for a position(s) or classification based on reasons of internal and/or external equity. (37) Reclassification shall mean a change in classification to which a position is assigned as a result of evaluation of the duties and responsibilities assigned to that position.
- 6. Requests are reviewed by the Employee Relations Division in the order in which they are received. Some requests may take longer to process than others because the information submitted is incomplete. Other requests may require extensive research that could include a classification study, market surveys, interviews with the incumbent or other employees in similar situations, or a field audit before a decision is reached.
- 7. Audit reviews will be conducted on all positions. As

appropriate the audit process may include:

- A review of the current class specifications and old/new position descriptions. If necessary, they will be rewritten.
- Part of a position review may include a comparison to both County and non-County positions that contain comparable levels of responsibility and complexity.
- An analysis of market data may be completed to determine the comparability of Dane County's positions with other public and private employers.

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- d. Interviews with the supervisor, incumbent and other employees in similar positions.
- e. A review will be completed to determine the impact of a reclassification or reallocation on a requesting department, other county departments and other county classifications.
- f. A review of the organizational chart.
- 8. Field audits may be conducted:
 - If after reviewing all of the available data on a position, the Employee Relations Division staff are still uncertain of the positions duties and responsibilities.
 - When it is the only method to resolve a major disagreement between an employee, supervisor and/or the appointing authority over the job duties of the position being reviewed.
 - When the Employee Relations Division needs to validate the accuracy of information contained in a request.
 - d. To gather additional information for a classification or compensation study.
 - e. As directed by the Director of Administration.
- After a position audit is completed, the Employee Relations Division staff responsible for conducting the audit will make a recommendation to the Human Resources Director.
- 10. All recommendations will contain the specific rationale for the recommendation including an analysis of the job duties that led to a specific recommendation.
- 11. The Human Resources Director will review the initial request, the justification, the audit material and the recommendation of the Employee Relations Division's staff before making a recommendation to the Director of Administration.

Employee Relations



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RESPONSIBILITY	ACTION

12.	Inform Department Head and Employee of approval or denial. Notification of approval to include title, range, step and effective date of reallocation/reclassification with copies to payroll, Department of Administration Administrative Assistant, Human Resources Specialist, Enterprise Budget Analysts, Employee Group or union (only if request creates a new classification). The effective date of an approved reallocation/reclassification will be the beginning of the pay period after the reallocation/reclassification was approved. The effective date of a reallocation/reclassification for a position in which the incumbent has submitted their verbal or written intention to resign/retire will be the date upon which the position becomes vacant.
13.	If a reallocation or reclassification is denied or approved in part and denied in part, the employee may appeal to the County Executive within 10 days of being notified.

Employee

n Appeals not submitted to the County Executive may not be re-submitted to Employee Relations for review until one (1) year has passed.

County Executive

14. Forward Appeal to Employee Relations who notifies the Reclassification Appeals Board.

Employee Relations

15. Notify Employee, Department Head and Reclassification Appeals Board of receipt of appeal and set time and place for hearing.

Reclassifications Appeals Board

16. Review position description, evidence, and testimony provided by Employee, Department Head and Employee Relations.

Employee Relations

- 17. Prepare decision and forward to the County Executive. The County Executive shall make the final decision.
- 18. Prepare decision and forward to Employee, Department and Reclassification Appeals Board.



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SAMPLE LETTER REQUESTING REALLOCATION/RECLASSIFICATION

DATE:			
то:			
FROM:			
RE:			

I am requesting a reallocation/reclassification audit of the (classification of position(s)) in the (name of department). This position should be reallocated/reclassified from its current classification to (classification and range the department would the position to be reallocated to if know) because of the changes and additional responsibilities that have been assumed by this position. Also include: departmental reorganization, changes in department procedures, introduction of new equipment if applicable.

As a result of (reason why changes have occurred) which occurred (date when changes occurred). I would appreciate an audit by the Employee Relations Division to determine the appropriate classification.

I have attached the old and an updated position description to assist Employee Relations' staff in the analysis. Please contact (supervisor's name) regarding specific questions pertaining to this reallocation/reclassification request.

Thank you.

Enclosure: Position descriptions (old and new)

Reallocation/Reclassification Request Form

Organizational Chart



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REQUEST FOR REALLOCATION OR RECLASSIFICATION FORM (Fillable form available on DCINET)

NOTE:

- 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 <u>not</u> considered in classifying a position/classification include: performance of the incumbent(s), longevity of the incumbent(s) and change in volume of work, personality, or financial need.

PLEASE COMPLETE THIS:

Name of Department/Division/Unit:						
Employee(s) Name(s) (print clear	arly):					
Employee(s) Submitting Reques	st WITHOUT department appr	roval?	Yes		No:	
Current Classification/Pay Rang	re:	Recomme	ended Classification/F	Pay Range	:	
Request is for (check one):	REALLOCATION	RECLA	SSIFICATION		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: (month/day/year):						



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	REQUIRED SIGNATURES					
Fir	st-Line Supervisor Name, Title, Email & Phone Numbe	r (print):	Signature:	Da (m	te m/dd/	<i>(</i> yyyy)
De	partment Head Review (please print):		Signature:	Da (m	te m/dd/	<i>(</i> yyyy)
	partment Approved for Employee Relations Division Fason:	Review: _	Yes /No	-		
only wor wor wor posi	Position Description (PD): submitted document should include the purpose of the duties that either occupy a major part of this position's k routine, or which although performed infrequently, a k. Describe them in a way that it can be understood by k. Begin each statement with an action word (e.g., 'Plantion description.	s time an re outsta someone ns'). Pleas	d are characteristic element nding important elements not immediately familiar e use track changes while	nts of the normal of this position's with this position		
1.	Supervision Received:					
#	ITEM		NOTES			
1	Who usually gives this position/classification work assignments, how frequently, and in what manner are they given? (e.g., how are they assigned – in person / phone/ email.)					
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					



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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. <u>Decision Authority/Recommendation Areas:</u>

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 (e.g., odors, heat, noise, etc.) 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.,	



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	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.

#	ITEM	N	OTES	
1	Is this position considered a Lead Worker?	Yes		No
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. Supervisory Employees: Any individual who has authority to hire, transfer, suspend, lay of, recall, promote, discharge, assign, reward or discipline other employees, or to adjust their grievances or recommend such action and requires the use of independent judgement or an employee who has the authority to formulate, determine and implement management policy or possession of the effective authority to commit the employer's resources.

#	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. <u>Type of Supervision (Supervisor/Manager)?</u>

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

✓	SUPERVISORY	✓	SUPERVISORY	✓	SUPERVISORY
	RESPONSIBILITY		RESPONSIBILITY		RESPONSIBILITY
	Assign work, add or delete		Prepare performance		Make adjustments in
	duties		evaluation		compensation
	Plan work, establish priorities		Make recommendations		Make promotional
			regarding unsatisfactory		recommendations
			employees		
	Instruct and train in methods		Make final decision to		Maintain staff records
	and procedures		terminate for cause		



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Make hiring recommendations	Recommend salary adjustment	Handle complaints and	
		grievances	

9.	Nature of Instructions Given (Supervisor/Mana	ger)		
#	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	ι ?		
10.	Confidential information			
	To what extent does this position/classification r	require dealing with	information which is co	insidered sensitive
	or confidential to the organization (check one)?			
	Daily Weekly N	Monthly	Occasionally	Never
#	ITEM		NOTES	

#	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.

#	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 depts.		
With others (Please specify)		

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



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12. Impact of Position/Classification:	
12 Impact of Position/Classification:	
# IMPACT OF POSITION NOTES	
1 If this job were not done, what would be the impact?	
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 have 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. 	ıaving
b) What other classifications within the department and/or County do you think may be comparable to position and why?	to this

c) How do the duties and responsibilities assigned to this position/classification compare to other positions/classifications within the county/department/division/unit? If this position does not have an internal comparable, please explain why it is being created. For example, do other organizations within Wisconsin have a similar position/classification?



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EMPLOYEE(S) AND SUPERVISOR ACKNOWLEDGMENT OF UNDERSTANDING	

EMPLOTEE(3) AND SOFERVISOR ACKNOWLEDGINERY OF UNDERSTANDING

EMPLOYEE COMPLETES THIS SECTION	SIGNATURE	DATE (MM/DD/YYYY)
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.		
DIRECT SUPERVISOR COMPLETES THIS SECTION	SIGNATURE	DATE (MM/DD/YYYY)
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.		