



## ADMINISTRATIVE PRACTICES MANUAL

**SUBJECT: REALLOCATION/RECLASSIFICATION OF POSITION**

Departments may submit a request for classification review for positions whose duties and responsibilities have undergone significant 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 not 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.

Bilingual Designations: 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.

- Documents required by Employee Relations: Memo from department requesting the change.

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



## ADMINISTRATIVE PRACTICES MANUAL

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 **not** 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.



## ADMINISTRATIVE PRACTICES MANUAL

**SUBJECT: REALLOCATION/RECLASSIFICATION OF POSITION**

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**

**ACTION**

- |  |   |
|--|---|
| 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.   |
| Supervisor/Employee                      | 2. 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.   |
| Supervisor/Appointing Authority          | 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.   |
| Appointing Authority/Employee Relations  | 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 |



## ADMINISTRATIVE PRACTICES MANUAL

### SUBJECT: REALLOCATION/RECLASSIFICATION OF POSITION

#### RESPONSIBILITY

Employee Relations

Employee Relations

#### ACTION

4. 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.
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. A review of the current class specifications and old/new position descriptions. If necessary, they will be rewritten.
  - b. Part of a position review may include a comparison to both County and non-County positions that contain comparable levels of responsibility and complexity.
  - c. An analysis of market data may be completed to determine the comparability of Dane County's positions with other public and private employers.



## ADMINISTRATIVE PRACTICES MANUAL

**SUBJECT: REALLOCATION/RECLASSIFICATION OF POSITION**

**RESPONSIBILITY**

**ACTION**

Employee Relations

- 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:
- a. 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.
  - b. 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.
  - c. 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.
9. After a position audit is completed, the Employee Relations Division staff responsible for conducting the audit will make a recommendation to the Department of Administration.
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 Department of Administration will review the initial request, the justification, the audit material and the recommendation of the Employee Relations Division's staff before making a determination.



## ADMINISTRATIVE PRACTICES MANUAL

**SUBJECT: REALLOCATION/RECLASSIFICATION OF POSITION**

**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. |
| Employee                        | 13. If a reallocation or reclassification is denied, the employee may appeal denial to County Executive within 10 days of being notified of the denial. Denials 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.<br><br>17. Prepare decision and forward to Employee, Department and Employee Relations. The decision of Appeals Board is final.   |



SECTION: HR  
TOPIC: REALLOCATION/RECLASSIFICATION  
GENERAL  
JUNE, 2022

## ADMINISTRATIVE PRACTICES MANUAL

**SUBJECT: REALLOCATION/RECLASSIFICATION OF POSITION**

### SAMPLE LETTER REQUESTING REALLOCATION

DATE:

TO:

FROM:

RE:

I am requesting a reallocation 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



## ADMINISTRATIVE PRACTICES MANUAL

### SUBJECT: REALLOCATION/RECLASSIFICATION OF POSITION

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](mailto: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) and change in volume of work, personality, or financial need.

**PLEASE COMPLETE THIS:**

<b>Name of Department/Division/Unit:</b>			
<b>Employee(s) Name(s) (print clearly):</b>			
<b>Employee(s) Submitting Request WITHOUT department approval?</b>		<b>Yes</b>	<b>No:</b>
<b>Current Classification/Pay Range:</b>		<b>Recommended Classification/Pay Range:</b>	
<b>Request is for (check one):</b>	REALLOCATION	RECLASSIFICATION	LEAD WORKER
<b>As the Supervisor of the employee(s) identified above, I certify they have been performing the duties on the attached updated position description since:</b>			<b>Duties since (month/day/year):</b>





## ADMINISTRATIVE PRACTICES MANUAL

REQUIRED SIGNATURES		
<b>First-Line Supervisor Name, Title, Email &amp; Phone Number</b> ( <i>print</i> ):	<b>Signature:</b>	<b>Date</b> ( <i>mm/dd/yyyy</i> ):
<b>Department Head Review</b> ( <i>please print</i> ):	<b>Signature:</b>	<b>Date</b> ( <i>mm/dd/yyyy</i> ):
<b>Department Approved for Employee Relations Division Review:</b> _____ Yes / _____ No <b>Reason:</b>  		

### 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 position's 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?		<b>Yes</b>		<b>No</b>
---	--	------------	--	-----------

### 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	



## ADMINISTRATIVE PRACTICES MANUAL

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 (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.,	



## ADMINISTRATIVE PRACTICES MANUAL

	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	NOTES	
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 off, 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. 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.

✓	SUPERVISORY RESPONSIBILITY	✓	SUPERVISORY RESPONSIBILITY	✓	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



## ADMINISTRATIVE PRACTICES MANUAL

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 depts.		
With others (Please specify)		

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



## ADMINISTRATIVE PRACTICES MANUAL

--

### 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.

--

- b) What other classifications within the department and/or County do you think may be comparable to this position and why?

--

- 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?



## ADMINISTRATIVE PRACTICES MANUAL

### EMPLOYEE(S) AND SUPERVISOR ACKNOWLEDGMENT OF UNDERSTANDING

EMPLOYEE COMPLETES THIS SECTION	SIGNATURE	DATE <i>(MM/DD/YYYY)</i>
<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 <i>(MM/DD/YYYY)</i>
<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>		