

**Classified Service Request for Reclassification Review**

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| Department: | Account : |
| Current Title: | Line Number: |
| Requested Title: | Current Incumbent: |

**Attachments:**

* Cover memorandum that provides a detailed description of reasons why the requested title is more appropriate for this position. Describe how the position has changed, level of independent judgment used, types and frequency of decisions, level of independence in performing tasks, etc.
* Job Description Questionnaire
* Organizational chart that includes the names of employees, line numbers, and titles for EACH position in this department. Highlight the subject position on this chart.
* A copy of the incumbent’s current performance program.

**Approval Process:**

*I reviewed the above request and recommend the reclassification:*

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| Approval of the Immediate Supervisor: (if different from Department Head) | Date: |
| Approval of the Department Head: | Date: |
| Approval from Human Resources: | Date: |
| Approval of the Vice President: | Date: |

**Classified Service Reclassification Requests**

The following procedure needs to be followed when requesting a reclassification for a position in the classified service where an employee currently occupies the position:

1. The incumbent must be immediately reachable and/or appointable to the proposed position/title. If the incumbent is not immediately reachable, the College will not support the request (this can be determined by contacting Human Resources & Payroll Services at X5616).
2. A **Request for Reclassification Review** form must be completed and approved by each level of supervision prior to submission to the Provost/Vice President.
3. The following three items must be submitted in hard copy AND in MS Word electronic format (email electronic version to [phipps@geneseo.edu](mailto:phipps@geneseo.edu)):
   1. **Cover memorandum** that identifies specific reasons why the requested title and/or salary grade is more appropriate. Describe how the position has changed, etc.
   2. Detailed job description using the **Job Description Questionnaire** form. List the major activities performed and be descriptive on how the activities are performed. Estimate the percentage of total time spent on each activity. Under each activity describe the typical tasks. Be as detailed and specific as possible. Indicate WHAT is done, FOR whom or to what, HOW, and what PURPOSE. Indicate frequency (daily, weekly, etc.) of each task.
4. A current departmental **Organizational Chart** must be submitted on hard copy AND in electronic form wither in MS Word or Power Point.
5. A copy of the incumbent’s current **performance program**.
6. Additional information as deemed appropriate may be required.

An employee does have the right to submit a reclassification request directly to the NYS Department of Civil Service at any time. This can be done by requesting form CC-2E – Employee Request for Reclassification Review- which would then be sent to Albany with supporting documentation.

Please contact Human Resources & Payroll Services at X5616 with any questions regarding this process.