STOCKTON UNIVERSITY

APPLICATION FOR RECLASSIFICATION FOR AFT PROFESSIONAL STAFF	DATE:

IMPORTANT: A professional staff employee or their immediate supervisor may initiate an Application for Reclassification at any time if the employee believes the scope of work, level of responsibility, and/or authority has changed from their current State title to a sufficient extent to warrant a reclassification of their State title. Please include all required information and obtain required signatures to ensure the application is processed in a timely manner. Should you wish to review your application with the Office of Human Resources (OHR), please send an email to Reclassification@stockton.edu with your request. An OHR member will respond within 7 business days.

INCOMPLETE REQUESTS WILL BE RETURNED.

1. NAME OF EMPLOYEE	2. Z NUMBER	3. ANNUAL SALARY	4. POSITION NO.	5. RANGE AND STEP

6. DIVISION	7. DEPARTMENT

8. STATE TITLE	9. LOCAL TITLE

10. REQUESTED STATE TITLE	11. REQUESTED LOCAL TITLE (IF APPLICABLE)

12. WORK (DUTIES) PERFORMED - Describe in detail how the scope of work, level of responsibility, and/or authority has changed from the current State title. Make descriptions clear so that persons unfamiliar with the work can understand exactly what is done. **You MUST also explain how the duties at issue are more appropriate to the requested State title than your current State title**. Include all relevant documentation, i.e. job descriptions of current title and requested title and a current organizational chart. Below you can find a brief list of components OHR utilizes when reviewing requests.

Valid Components	Invalid Components
• Additional responsibilities • Nature and variety of work • Complexity of work • Supervision over others • Knowledge, skills, and ability required for the position • Out-of-title work assignments lasting longer than sixty (60) days (see Master Agreement XVI.C)	• Dependability • Volume of work • Quality of performance • Pay step in range • Financial need • Loyalty to University and/or supervisor • Length of service • Acquisition of new academic degree(s) or credentials

Percent of Time (should equal 100%)	List Any and All Job Duties Which the Employee has Performed in their Current Job Description(s) in their State and Local Title	Order of Difficulty (from most to least)

CONTINUED ON FOLLOWING PAGE

Percent of Time (should equal 100%)	**List of All New and/or Additional Job Duties Which the Employee has Performed not Included in their Current Job Description/s in their State and Local Title**	**Order of Difficulty (from most to least)**

CONTINUED ON FOLLOWING PAGE

List of Work Duties from Current Job Description, if any, No Longer Being Performed		

CONTINUED ON FOLLOWING PAGE

List and attach, if necessary, other materials that explain how the scope of work, level of responsibility, and/or authority has changed from the current State title:

EMPLOYEE SIGNATURE	**I CERTIFY that I have read the instructions and the entries made above are my own and, to the best of my knowledge, are accurate and complete.** **SIGNATURE** **DATE**

CONTINUED ON FOLLOWING PAGE

13. STATEMENTS OF IMMEDIATE SUPERVISOR

A. Comments on Accuracy of Reclassification for this Employee

B. What do you consider the most/least Accurate Components of the Reclassification Application?

C. List the Change in the Scope of Work, Level of Responsibility, and/or Authority, etc, that is Necessary for this Reclassification (i.e. the new State title)

D. ☐ **AGREE** ☐ **DISAGREE with the employee's description of job duties.**

E. ☐ **AGREE** ☐ **DISAGREE with the employee's cited percentage of time.**

F. ☐ **AGREE** ☐ **DISAGREE with the new State title proposed by the employee.**

If you disagree with any of the above-stated factors, explain the nature of the disagreement here:

☐ Check here if continued on additional sheets

SUPERVISOR TITLE	SIGNATURE	DATE

CONTINUED ON FOLLOWING PAGE

14. STATEMENTS OF PROGRAM MANAGER OR DIVISION DIRECTOR

D. ☐ **AGREE** ☐ **DISAGREE with the employee's description of job duties.**

E. ☐ **AGREE** ☐ **DISAGREE with the employee's cited percentage of time.**

F. ☐ **AGREE** ☐ **DISAGREE with the new State title proposed by the employee.**

If you disagree with any of the above-stated factors, explain the nature of the disagreement here:

☐ Check here if continued on additional sheets

PROGRAM MANAGER OR DIVISION DIRECTOR	SIGNATURE	DATE

15. DIVISIONAL EXECUTIVE SIGNATURE

☐ **AGREE** ☐ **DISAGREE**

OPTIONAL

Attach a statement of duties to be removed, if any.

REASON:

DIVISIONAL EXECUTIVE TITLE	SIGNATURE	DATE

CONTINUED ON FOLLOWING PAGE

16. DIVISION OF HUMAN RESOURCES

HUMAN RESOURCES MANAGER _____ **DATE** _____

DESK AUDIT ☐ **YES** ☐ **NO** ☐ **RECOMMEND** ☐ **NOT RECOMMENDED**

☐ Written Justification Attached

MANAGER OF HUMAN RESOURCES	**SIGNATURE**	**DATE**

TO BE COMPLETED IF RECOMMENDATION IS APPROVED

New Title		**Effective Date**
Salary Range	**New Salary**	**Position #**

CONTINUED ON FOLLOWING PAGE

TO BE COMPLETED ONLY IF APPEALED

17 A. SUMMARY OF STATEMENT OF APPEAL

☐ Written Justification Attached ☐ **RECOMMEND** ☐ **NOT RECOMMENDED**

DIVISIONAL EXECUTIVE TITLE	**SIGNATURE**	**DATE**

17 B. REVIEW BY VP OF PERSONNEL, LABOR & GOVERNMENTAL RELATIONS

☐ Written Justification Attached ☐ **RECOMMEND** ☐ **NOT RECOMMENDED**

VICE PRESIDENT OF PERSONNEL, LABOR & GOVERNMENT RELATIONS	**SIGNATURE**	**DATE**