

**Berkeley Campus Office of Human Resources
Compensation Unit**

SUPERVISOR’S CHECKLIST FOR RECLASSIFICATION REQUESTS

Instructions: Please complete this checklist and forward it with the revised Job Description and a current organization chart. This information will help expedite the review process. Refer to your departmental copy of the “Guide to Preparing Job Descriptions and Requesting Classification Reviews” for assistance with campus reclassification process.

Department:				
Employees’s Full Name:				
Employee’s ID:				
Payroll Title/Title Code:				
Employee Personnel Program:	SMG	MSP	PPSM	Contract (specify)
Supervisor’s Name/Title:				
Supervisor’s Telephone #:			Email:	
Department Head’s Name/Title:				

1. This reclassification request is based upon changes in the position as a result of:

A Reorganization (describe)

Transfer or redelegation of duties from another position(s). Summarize and attach a revised job description for the position(s) affected by the transfer or redelegation of functions.

New functions not previously performed in the unit (describe)

2. Significant changes in the job incorporate changes in one or more of the following areas:

- a) Supervisory responsibility
- b) Knowledge and skills required to perform the job
- c) Scope of assignments/responsibilities
- d) Complexity of problems or assignments
- e) Autonomy and decision-making

Please describe briefly any of the areas checked in #2 above.

3. If you want to recommend a specific classification for this position, please include this information here:

4. Please ensure that the Job Description has been signed by the incumbent, supervisor, and department head to signify agreement that the functions are accurately described.

Completed by	Date
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