

Wisconsin Human Resources Handbook

Chapter 380

Completion of Reclassification Request Form

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Sec. 380.010 Introduction

When logical and gradual changes occur to the duties and responsibilities of a position and the current classification is no longer appropriate, reclassification of the position and subsequent regrading of the employee should be considered. The agency requests a reclassification with the Reclassification Request form. This chapter explains how to complete the form and what should be included with a request. This chapter should be used in conjunction with several other chapters of the *Wisconsin Human Resources Handbook* (WHRH): Chapter 310—Position Descriptions; Chapter 320—Confidential/Management/Supervisor Exemption; Chapter 330—Organization Charts; Chapter 370—Classification Policies and Procedures for Reclasses and Reallocations; and Chapter 420—Appeal Procedures for Classification Actions.

Note: When a position has changed as a result of a logical, but not gradual change, refer to WHRH Chapter 370—Classification Policies and Procedures for Reclasses and Reallocations. The Reallocation Notice form (DOA-15321) is on the website at <https://dpm.wi.gov/Documents/DPM%20FORMS/DOA-15321%20Reallocation%20Notice%20Request.pdf>.

Note: When new duties are not logical or gradual as defined in WHRH Chapter 370 and impact the classification of a position, a new position has been created, and competition must be held.

Sec. 380.020 Statutory and Rule Authority

1. “After consultation with the appointing authorities, the administrator shall allocate each position in the classified service to an appropriate class on the basis of its duties, authority, responsibilities or other factors recognized in the job evaluation process. The administrator may reclassify or reallocate positions on the same basis.” s. 230.09(2)(a), Wis. Stats.
2. “Appointing authorities shall notify the administrator of any changes in the duties or responsibilities of individual positions which may affect the classification level of the position. Notification shall be in accordance with the procedures established by the administrator.” s. ER 3.03(1), Wis. Adm. Code
3. Section 15.02(4), Wis. Stats., states in part, “The head may delegate and redelegate to any officer or employee of the department or independent agency any function vested by law in the head.”

Sec. 380.030 Employee Rights

The first-line supervisor usually initiates a reclassification request; however, employees may request a review for reclassification from the first-line supervisor. If a supervisor denies the request or does not act on the request in a timely manner, the employee may request a reclassification review from the agency Human Resource Office (HRO). Agencies should provide this information and any required procedures or timelines in an employee handbook or internal agency policy manual available to all employees.

Sec. 380.040 Reclassification Request Form Completion

An agency's electronic version of the Reclassification Request/Report that contains the same information as the Division of Personnel Management's (DPM) form may be used upon approval by DPM. (See Attachment #1 for the Reclassification Request form, which also is located on the DPM website at <https://dpm.wi.gov/Documents/DPM%20FORMS/DOA-15314%20Reclassification%20Request.pdf>.) Complete the form as follows:

1 Delegated/Nondelegated Indicate whether or not the transaction is delegated to the agency based on the delegation agreement between the agency and the DPM Administrator.

Note: For delegated reclassification requests, the agency is responsible for maintaining files containing similar information to that required for nondelegated requests. The information must be kept in accordance with the record disposal/retention policies. For nondelegated reclassification requests, the agency provides a recommendation with the reclassification request along with a complete package of information and materials for review at DPM, including accurate position descriptions (PD) with all required attachments including organization charts, and an analysis of the rationale for the reclassification request. If the agency denies a nondelegated reclassification request, the agency must send a copy of the form, PD, and the denial letter. The employee should be provided information so that they may appeal the decision to DPM. The agency should forward any additional material used in the analysis and denial of the request that has not already been submitted.

2 Position No./Pool Code The six-digit DOA number for the position along with the one-digit alpha DOA pool code, if applicable.

3 Request No. Each agency determines their numbering system and numbers each request accordingly.

4 Agency/Employing Unit Enter the agency name, including all organizational levels, down to the work unit of the position, e.g., agency, division, bureau, section, and unit. Abbreviations may be used.

5 Employee Name Enter the last name, first name, and middle initial as it appears on payroll records. Use one form for each employee.

6 Current Class Code Enter the five-digit class code from the Alphabetical Listing of Classifications.

7 Current Class Title Enter the official and complete classification title from the Alphabetical Listing of Classifications.

8 Current Schedule-Pay Range Enter the schedule and pay range from the Alphabetical Listing of Classifications.

9 Current FLSA Code Enter the FLSA code that applies to the employee.

10 Proposed Class Code Enter the five-digit class code from the Alphabetical Listing of Classifications.

11 Proposed Class Title Enter the official and complete classification title from the Alphabetical Listing of Classifications.

12 Proposed Schedule-Pay Range Enter the schedule and pay range from the Alphabetical Listing of Classifications.

13 Proposed FLSA Code Enter the FLSA Code from the Alphabetical Listing of Classifications for the typical categorization of employees by class title. Use 'M' – mixed, 'N' – nonexempt, or 'E' – exempt. Entering a mixed designation results in default to nonexempt.

14 Date Began Present Class Enter the date the employee began in this position at his or her current classification and level.

Example: If the employee began as a Accountant effective 12/02/02, was reclassified to an Accountant Journey effective 07/06/04, then was reclassified to an Accountant Senior effective 01/19/06 and a reclassification is submitted to an Accountant Advanced, the date used in box 14 should be 01/19/06.

Example: If an employee follows the previous example, but transferred into a different Accountant Senior position effective 03/21/07, the date used in box 14 should be 03/21/07.

15 Date Material Effectively Received Enter the date received by the appointing authority.

16 Proposed Effective Date Enter the beginning of the first pay period following effective receipt of the request at the agency HRO or at a level in the agency delegated, in writing, by the agency HRO to have effective receipt authority.

17 Is this currently a career executive position? Check yes or no relative to the current status of the position.

18 Is this incumbent currently a career executive employee? Check yes or no relative to the current status of the employee.

19 Are you requesting a change in the career executive status of this position? Check yes or no relative to the position. If yes is checked, refer to ch. ER 30, Wis. Adm. Code, and submit rationale for inclusion of this position in the Career Executive program. Such positions must meet the statutory definition of management.

Note: Classifications included in broadband pay ranges 81-01 and 81-02 are automatically included in the Career Executive program, and no rationale is required. However, the Management Exclusion Form (DOA-15317) is to be attached to the position description when it is reviewed for classification purposes.

20 Justification The agency HRO is required to submit (nondelegated transactions) or maintain (delegated transactions) rationale for recommending/approving a reclassification transaction. If the position is in a recognized progression series (identified in the classification specifications or in writing by DPM), check the box. The only comments required in the justification area are that “*the employee is performing the work as described at the ____ level under ____ supervision,*” along with some examples of work or changes from the position description. For all other reclassification requests (delegated and nondelegated) the rationale must include:

- a. Identification of the changes to the duties and responsibilities that have occurred since the position was classified at its current classification and level. The Reclassification Request/Report package should include the current position description, the position description from the last classification transaction, and all intervening position descriptions, such as updated and reorganization position descriptions.
- b. Identification of the changes to time percentages for the duties and responsibilities that have occurred since the position was last classified at its current classification and level. Unless there is a specific time percentage identified by a worker activity/task statement, assume (or confirm with the supervisor) that the time percentage for the goal is equally distributed between the worker activity statements. For example, a position description identifies 50% of the position’s time spent on Goal A. Goal A has five worker activity statements (A1 through A5). Therefore, assume or confirm that the position spends 10% of the time on each activity statement.
- c. Identification of all changes in the position’s level of accountability that have occurred since the position was allocated to its current classification and level.
- d. Identification of the specific classification specification language that demonstrates the majority of the position’s duties and responsibilities are described by that specification. The specific classification specification language should be related to the specific worker activity/task statement. The majority of the position’s duties must meet the full scope of the language under the Purpose of This Classification Specification, and Inclusions, and II. Definition(s). In addition, review the Exclusions section to determine if the position is excluded from a classification specification. A review of any representative positions identified in the specifications is important as it provides examples of what is meant by the definition. It is not sufficient to quote the definition of the specification and state “*the position meets this language.*” Specific examples must be provided of why the position meets the specification language, and an analysis must be provided to show

how the majority of the duties and responsibilities meet the full scope of the new classification specification language.

Note: Movement of positions for classification factors other than those identified in the classification specifications are not delegated to agencies. This means if an agency determines a position is comparable, or the “best fit,” to a specific classification specification, but the type of work performed by a position is not clearly identified or described in the specification, this transaction is not delegated.

- e. While comparisons may not be needed if the specification language is very specific, comparisons to other positions can be useful if the classification specification language is not specific. If position comparisons are used, the majority of the duties of both positions must be similar and comparable. If comparison positions are used in the agency analysis, copies of those position descriptions must also be included in the reclassification request package. Do not compound an error by making a comparison to a position that is clearly misclassified. **DPM and agencies are required to correct any misclassified position when brought to their attention.**
- f. Analysis of why the changes in the duties and responsibilities justifying the proposed classification are considered “logical and gradual changes.” Include when and why these changes occurred in the explanation. The definitions of logical and gradual are found in WHRH Chapter 370.
- g. If the position was originally filled on a “downgrade for developmental purposes,” include a copy of the certification request authorizing the action.
- h. Provide other information used in the agency analysis, such as work examples, information provided by the supervisor, etc.

21 Approved/Modified to/Denied—see attached memo Check the correct response. If the request is denied or modified, there must be a letter to the employee explaining why the request was denied or modified. Denial or modification letters should inform the employee of their right to appeal and with whom they should file an appeal.

22 Trans/Action No entry required, data is preprinted.

23 Soc. Sec. No. and Check Digit Number Enter the last four digits of the employee’s social security number and check digit number.

24 Agency # Enter three-digit number for agency.

25 Appt. # Enter the appropriate appointment number.

26 Effective Date Enter the date that is the beginning of the pay period following the effective receipt of the request. (See WHRH Chapter 370.)

27 Approved Class Code Enter the five-digit class code from the Alphabetical Listing of Classifications.

28 Emp. Status Enter the appropriate payroll code.

29 New Base Pay The agency may wait until final approval of the request to complete this section. However, if approved, the pay is calculated from the effective date, not the approval date. For information on determining the pay, review the appropriate Compensation Plan section or contract pay provisions.

Note: Agencies are responsible for determining the correct pay in accordance with the Compensation Plan or bargaining agreement, as appropriate. Agencies may want to consider giving priority to reclassification requests that move positions from nonexempt to exempt status due to complicated pay transactions that may result from employee’s status change under the Fair Labor Standards Act. Agencies are responsible for submitting the reclassification request to the payroll office for processing and for notifying both the employee and supervisor of the approval.

30 Base Pay Type No entry is required.

31 Old Base Pay Enter the employee's base pay rate at the time of the effective date of the request.

32 Employment Relations Notification Required? Check yes or no. Yes should be checked only if the position moves into a bargaining unit for the first time, moves to a different bargaining unit, or moves from a bargaining unit to non-represented status. DPM notifies the appropriate bargaining unit(s) for nondelegated transactions that result in a change in the bargaining unit status of a position.

33 Signature of Appointing Authority or Designee/Date The appointing authority is the agency head, however, the approval signature for a Reclassification Request is typically delegated by an agency head to HRO personnel. The agency's policy should be followed. The signature is to be applied before submittal to DPM for review.

34 Signature of Division of Compensation and Labor Relations Administrator or Designee/Date The DPM signature is required for all nondelegated transactions.

35 Agency HR Analyst Initials/Date The agency HR analyst responsible for the analysis and recommendation for approval or denial of the request must initial and date the form.

36 OSER Specialist Initials/Date Initialed by DPM specialist who reviewed the transaction.

Note: If an agency maintains electronic forms, they do not have to submit a signed or initialed copy to DPM. However, approval must be documented in the event of a classification transaction appeal, even if electronic signatures are used.

Sec. 380.050 Form Distribution

Electronic copies of the form are available at the DPM website: <https://dpm.wi.gov/Documents/DPM%20FORMS/DOA-15314%20Reclassification%20Request.pdf>. Copies of the completed form should be submitted as follows:

1. Delegated approval: one for employee, one for personnel file, one for central payroll office, one for DPM.
2. Delegated denial, including denial letter: one for employee, one for personnel file.
3. Nondelegated, recommendation: one for DPM.
4. Nondelegated approval by DPM: one for employee, one for personnel file, one for central payroll office.
5. Nondelegated denial, including denial letter: one for employee, one for personnel file, one for DPM.
6. Nondelegated, appeal: one for DPM, including all relevant attachments.

Other copies may be distributed throughout the agency per the agency policy, such as for the first-line supervisor or district human resources office.

Sec. 380.060 Employee Appeal Rights

Appeal rights are provided at the bottom of the Reclassification Request form. Additionally, if the request is denied, appeal rights should be included in a denial letter. The letter should include the following: the correct address of the Wisconsin Employment Relations Commission for delegated actions or instructions to file the appeal for DPM re-review to the agency Human Resources Manager for nondelegated actions; a statement that the employee has 30 calendar days from the effective date of the decision or the date they received notification of the action, whichever is later; and a statement that the employee should contact the Wisconsin Employment Relations Commission directly to obtain information on any fees or procedures. If the request is approved, the employee may still appeal the decision. Approved appeal language for both delegated and nondelegated actions can be found in WHRH Chapters 370 and 420.

Note: An employee may appeal an approved request, for example, when the employee disagrees with the classification the supervisor/management staff recommended or the classification approved is modified from the original request.

It is strongly recommended that agencies develop a system to document receipt of an approval or denial for delegated transactions. For nondelegated transactions by DPM, an employee notification form must be used. The information should be kept in the agency HRO. This ensures the employee was notified and a timely appeal is filed. (See Attachment #2 for an example of an employee notification form, which is also located on the DPM website at: <https://dpm.wi.gov/Documents/DPM%20FORMS/DOA-15311%20EmployeeNotificationReceiptReclassRealloc.pdf>.)

Sec. 380.070 Administrative Information

This chapter replaces Wisconsin Personnel Manual Chapter 334—Completion of Reclassification Request/Report Form, which should be discarded.

The chapter was revised in August 2010 to update the reference from WPM Chapter 332 to WHRH Chapter 370, eliminate the delegation to the Administrator of the Division of Merit Recruitment and Selection, enter the OSER website links, indicate the requirement for use of the Management Exclusion Form for classifying all career executive positions, update the chapter, Reclassification Request form and the Employee Notification Form appeal rights, change the forms from DMRS to DCLR and make various other updates to reflect current language.

In December 2013, Attachments 1 and 2 were replaced with revised Reclassification Request and Receipt of Reclassification or Reallocation Decision forms to reflect that the reclassification and reallocation functions are performed by DMRS. The forms were renumbered as DMRS forms and the address for the Wisconsin Employment Relations Commission was updated.

Pursuant to the changes introduced by 2015 Wisconsin Act 55, in July 2015, the Office of State Employment Relations was eliminated and the functions were transferred into the newly created Department of Administration, Division of Personnel Management. Additionally, in May 2017, the Bureau of Compensation and Labor Relations was modified to be the Bureau of Compensation and Employment Relations. This chapter was updated in June 2018 to reflect the changes in terminology that resulted from the organizational restructuring and the bureau name change. All links in the chapter were also updated.

Chapter 380 was updated in August 2018 to reflect organizational changes that occurred to the Division of Personnel Management in conjunction with the implementation of Shared Services. The Bureau of Compensation and Employment Relations was divided into two separate bureaus: The Bureau of Classification and Compensation and the Bureau of Employee Management.

STATE OF WISCONSIN
 DEPARTMENT OF ADMINISTRATION
 DIVISION OF PERSONNEL MANAGEMENT
 DOA-15314 (C07/2015)
 S. 230.09(2)(A) & (D), WIS. STATS.
 PREVIOUSLY OSER-DCLR-37



COMPENSATION & LABOR RELATIONS
 101 E. WILSON ST, 4TH FL
 MADISON, WI 53703

RECLASSIFICATION REQUEST

1 <input type="checkbox"/> Delegated <input type="checkbox"/> Nondelegated		2 Position No./Pool Code	3 Request No.		4 Agency/Employing Unit			
5 Employee Name – Last, Jr./Sr., First, Middle Initial								
6 Current Class Code		7 Current Class Title			8 Schedule-Pay Range		9 FLSA Code	
10 Proposed Class Code		11 Proposed Class Title			12 Proposed Schedule-Pay Range		13 Proposed FLSA Code	
14 Date began present class			15 Date material effectively received		16 Proposed Effective Date			
17 Is this currently a career executive position? <input type="checkbox"/> Yes <input type="checkbox"/> No			18 Is this incumbent currently a career executive employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		19 Are you requesting a change in the career executive status of this position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20 Justification – Attach the facts that warrant the proposed action, along with applicable Position Descriptions and attachments. The analysis must explain how the position has changed logically and gradually and why the employee is eligible for regrade, -or- <input type="checkbox"/> This classification is in an approved progression series.								
21 For <u>nondelegated</u> action, DPM completes <input type="checkbox"/> Approved <input type="checkbox"/> Modified to _____ <input type="checkbox"/> Denied – see attached memo								
22 Trans Action 03 26		23 Soc. Sec. No. (last 4 digits only) √		24 Agency #	25 Appt. #	26 Effective Date	27 Approved Class Code 2004	28 Emp. Status 2102
29 New Base Pay 2121 \$			30 Base Pay Type H 2006		31 Old Base Pay .		32 Employment Relations Notification Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33 Signature of Appointing Authority or Designee _____ Date _____				34 Signature of Compensation and Labor Relations DIR/Designee _____ Date _____				
35 Agency HR Analyst initials _____ Date _____				36 DPM Analyst initials _____ Date _____				

NOTIFICATION REQUIRED – APPEAL RIGHTS If the Reclassification or denial decision was made by the agency and is a nondelegated action, a written request for DPM to conduct a re-review must be received by the agency Human Resources Manager within 30 calendar days. Upon receipt of this appeal, the agency Human Resources Manager will forward the employee’s request and pertinent materials to DPM. If the Reclassification or denial decision was made as (1) a delegated action by the agency or (2) the Division of Personnel Management, the appeal must be received, within 30 calendar days, by the Wisconsin Employment Relations Commission, 4868 High Crossing Blvd.; Madison, WI; 53704-7403; phone: 608-243-2424. The request should state the facts that form the basis of the appeal, the reason or reasons the action is improper, and the relief sought. This appeal must be received by the appropriate department, the DPM or the WERC within 30 calendar days from the effective date of the decision or within 30 calendar days from the notification of the employee of the decision, whichever is later. Questions on the procedural aspects of filing an appeal, including filing fees, are best directed to the agency Human Resources Manager or the WERC.

DISTRIBUTION AFTER COMPLETION:

Original – Central Payroll

Copies - Employee, Agency, Agency Second Level, Agency Control

Copy – DPM/BCC

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DIVISION OF PERSONNEL MANAGEMENT
DOA-15311 (C08/2018)
S. 230.44 WIS. STATS.
PREVIOUSLY OSER-DCLR-30



CLASSIFICATION & COMPENSATION
101 E. WILSON ST, 4TH FL
MADISON, WI 53703

**EMPLOYEE NOTIFICATION
RECEIPT OF RECLASSIFICATION OR REALLOCATION DECISION**

FIRST LINE SUPERVISOR

Attached is a **Reclassification Request Form, Reallocation Notice Form** and/or **denial letter** concerning an employee you supervise. Please complete the following actions:

1. Give the affected employee 1 copy of the written decision.
2. Have the employee sign and date this form acknowledging receipt.
3. Advise the employee that, if he/she chooses to appeal, it is very important to ensure that the appeal is received at the proper authority within 30 calendar days of today's date.
4. Send a completed copy of this form to your agency's Human Resources Manager immediately.
5. Provide the employee with a copy of this form, if the employee requests one.

I hereby certify that I have completed each of the actions noted above.

Signature: _____ Date: _____

EMPLOYEE

I hereby acknowledge that I have received a copy of the attached (check appropriate box/es)

- Reclassification
 Reallocation
 Denial letter

Effective date or date of letter _____, concerning my position.

I certify that I am aware I have a right to appeal this decision within 30 calendar days of today's date and that I have read the instructions for filing an appeal, as noted on the bottom of this form.

Print Name: _____

Employee's Signature _____ Date: _____

APPEAL RIGHTS

- ❖ If the Reclassification, Reallocation, or denial decision was made by the agency and is a nondelegated action, a written request for DPM to conduct a re-review must be received by the agency Human Resources Manager within 30 calendar days. Upon receipt of this appeal, the agency Human Resources Manager will forward the employee's request and pertinent materials to DPM.
- ❖ If the Reclassification, Reallocation or denial decision was made as (1) a delegated action by the agency or (2) DPM, the appeal must be received, within 30 calendar days, by the Wisconsin Employment Relations Commission, 4868 High Crossing Boulevard; Madison, WI; 53704-7403; phone: 608-243-2424.
- ❖ Employee: If you have any questions about where you should send your appeal, contact your agency Human Resources Manager for this information. Note: see the top of the Reclassification or Reallocation Form to determine if the action is delegated or nondelegated. If the proper authority does not receive your appeal within the 30 calendar days, you will lose your right to appeal this decision.

AGENCY HUMAN RESOURCES MANAGER

Ensure that a signed copy of this document is in the employee's personnel file for future reference.

continued

PROCEDURE FOR RECEIPT OF RECLASSIFICATION OR REALLOCATION DECISION

PURPOSE Ensure timeliness of receipt of reclassification or reallocation decisions and establishment of employee appeal rights on such action.

USE Each time an employee receives a notification of an appealable classification decision.

AGENCY HR OFFICE Attach the Receipt of Reclassification or Reallocation Decision form to every reclassification or reallocation decision:

 Mandatory - When the decision is non-delegated or the decision is made by the DPM.

 Optional - When the decision is delegated to the agency.

SUPERVISOR Follow the instructions for the First Line Supervisors on the front of the form.

AGENCY HR OFFICE Maintain the signed form in the employee's Personnel File

AGENCY HR OFFICE Maintain the signed form in the employee's Personnel File