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 □ Delegated □ Nondelegated	2 Position No./Pool Code 3 Request				No.	4 Aş	4 Agency/Employing Unit				
5 Employee Name – Last, Jr./Sr., First, Middle Initial											
6 Current Class Code	7 Current Class Title						8 Scheo	dule-Pay Range	9 FLSA (Code	
10 Proposed Class Cod	ie 1	e 11 Proposed Class Title					12 Proposed Schedule-Pay Range 13 Proposed FLSA Code				
14 Date began present		15 Date material effectively received				16 Proposed Effective Date					
17 Is this currently a ca ☐ Yes ☐ No	-	employee?	18 Is this incumbent currently a career executive employee? ☐ Yes ☐ No				19 Are you requesting a change in the career executive status of this position? ☐ Yes ☐ 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-											
☐ This classification is in an approved progression series.											
21 For <u>nondelegated</u> action, DPM completes ☐ Approved											
□ Modified to											
□ Denied – see attached memo 22 Trans Action 23 Soc. Sec. No. (last 4 digits only) 24 Agency # 25 Appt. # 26 Effective Date 27 Approved 28 Emp. Status											
	23 Soc. S	Soc. Sec. No. (last 4 digits only) 24 Agency #				26 Effecti	ive Date 27 Approved Class Code		28	Emp. Status	
03 26								2004	210		
29 New Base Pay 30 Base Pay Type 31 Old H 2006					Base Pay 32 Employment Relations Notification Required? ☐ Yes ☐ No						
33 Signature of Appoir	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 deleg ated 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.