



The Department of Children, Youth and their Families Reclassification Requests Procedures

In order to be considered a critical reclassification, the requested change must have resulted from one of the following.

- A significant and unforeseen program change due to federal or state legislation, an executive order or some other unusual circumstance which brings about a necessary reassignment or new duties/responsibilities.
- A change in organizational structure/functions, which could not have been anticipated during the regular budgetary cycle and which, if approved, will result in measurable increases in productivity, significantly improved services and/or substantial cost savings. Specific documentation of such expected results must be provided at the time of the request in order for it to be considered.
- A vacancy which, if filled in its current classification, will not allow the agency to carry out its objectives in an efficient and effective manner.

The deadlines to submit your request to the Departments Human Resources Unit for currently filled positions is August 15, if the reclassification is approved by the Office of Management and Budget it will become effective January 1. The second deadline will be February 15, if approved it will become effective July 1. There are no deadlines for vacant positions.

The following procedure needs to be followed when requesting a reclassification for positions in the classified service.

- A Request for Reclassification Review form must be completed and approved by each level of the approval process prior to submission to Human Resources.
- After the approval process is completed the following items must be submitted in electronic format and should be emailed to your Human Resource Specialist.
 - a. The signed request for Reclassification Review Form.
 - b. Cover memorandum that identifies specific reasons why the requested title and/or salary grade is more appropriate. Describe how the position has changed etc.
 - c. Detailed listing of the principal accountabilities of the position.
 - d. A current and a proposed departmental Organizational Chart must be submitted in electronic format, MS Word, PowerPoint or Visio via email to your Human Resource Representative.
 - e. Additional information as deemed appropriate may be required.



The Department of Services for Children, Youth and their Families Request for Reclassification Review

Department	DDS
Current Title	BP Number
Requested Title	Current Incumbent

Please indicate the reason for the reclassification request that is being reviewed.

- € A significant and unforeseen program change due to federal or state legislation, an executive order or some other unusual circumstance which brings about a necessary reassignment or new duties/responsibilities.
- € A change in organizational structure/functions, which could not have been anticipated during the regular budgetary cycle and which, if approved, will result in measurable increases in productivity, significantly improved services and/or substantial cost savings. Specific documentation of such expected results must be provided at the time of the request in order for it to be considered.
- € A vacancy which, if filled in its current classification, will not allow the agency to carry out its objectives in an efficient and effective manner.

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.
- A list of principal accountabilities
- Organizational chart that includes names of employees, budgeted position numbers and the classification for each position. You must submit a current and proposed organizational chart.

Approvals

Signatures must occur in the following order. After you have completed all sections and the request has been approved, forward all documents to Human Resources for further review. If the reclassification can be supported, the Division will complete a full critical reclassification package in consultation with Human Resources.

Approved for further review: Yes ☐ No ☐

Division Director (Print)

Signature

Date

Approved for further review: Yes ☐ No ☐

DMSS Director/Deputy Director (Print)

Signature

Date

Approved for further review: Yes ☐ No ☐

Human Resources (Print)

Signature

Date