**Job Evaluation Packet**

This packet is to be used by the department to request a reclassification of an occupied/vacant position or to establish a new position. This evaluation packet includes a job documentation tool, as well as a guideline for the information needed for UGA Human Resources to determine an appropriate classification. All forms required for a job evaluation are included in this packet.

A request for a job evaluation may be made when a new job is created or if a job changes significantly in scope or responsibility. Some examples include: a department combined two jobs as a result of reorganization; or a job now manages an additional function or will be managing people.

Other changes to a job, for example the addition of a new duty, additional volume or new technology would not typically warrant a reevaluation of the job. In either event you are encouraged to work with your HR Contact to determine the best course of action.

**Steps required in the job evaluation process:**

1. Document the job using the job evaluation tool included in this packet (all fields must be complete).
2. Include a copy of the following documentation: (*These can be combined into one pdf document for uploading into iPAWS)*
   1. An official organizational chart representing affected employee’s current reporting structure
   2. An updated organizational chart representing affected employee’s future reporting structure
   3. Resume of the individual being evaluated
3. Once all departmental approvals are obtained, the departmental HR Representative will submit the appropriate request in IPAWS with the Job Evaluation Packet & associated materials (organizational charts & resume) attached.
4. The Classification team will review the content of the job evaluation packet for completion, and contact the departmental HR Representative informing them of the acceptance/return of the evaluation materials within 1-3 business days. This step is only for the acceptance of materials, not the evaluation of the position.
5. Once the job evaluation packet has been accepted, the Classification team will begin the job evaluation process. A Classification Consultant will be in contact with the department to schedule an initial in person meeting to discuss the department’s request and review of their materials. Based on the complexity of the request additional meetings may take place to include interviews with; the affected employee, the employee’s supervisor, and/or other pertinent stakeholders. For information on how to prepare for an audit meeting please visit our [Evaluation Process Meeting](http://hr.uga.edu/supervisors/employment-administration/position-management-and-classification/position-management-resources/evaluation-process-meeting/) section.

.

1. It is our goal to have a decision returned within 2-4 weeks from the date of packet acceptance. You will receive notification of the decision via the IPAWS transaction.

**Information about the appeal process:**

If a Vice President, Dean, or Administrative head is not satisfied with the determination, a written appeal may be submitted to Director, Employment & Classification within ten (10) working days. Information on what should be included in an appeal can be found on our website in our [Position Management Resources](http://hr.uga.edu/supervisors/employment-administration/position-management-and-classification/position-management-resources/) section.

The Classification team may request further information from the department after this packet has been submitted, and position will not be evaluated until this packet has been completed, reviewed, and accepted as complete. For more information on the job evaluation process, see the Classification Guidelines.

Please note that this process results in the identification of an appropriate classification only, and has no implication as to pay grades or a department’s desired salary. Issues of Compensation are to be handled through Russ Ramsey, Compensation.

**Part I: Position Justification**

|  |  |
| --- | --- |
| This request is for a: Occupied Position Vacant Position New Position | |
| Is the proposed action part of a larger reorganization? Yes No | |
| 1. Incumbent Name & Current Classification | |
|  | |
| 2. Proposed Classification & Proposed Salary | |
|  | |
| 3. Name & Title of Supervisor: | |
|  | |
| Telephone Number: | Room/Building Number: |
|  |  |

|  |
| --- |
| 4. Please provide an explanatory memo detailing the justification for evaluation. See Classification Guidelines for details surrounding valid justifications for position actions. |
|  |

**Part II: Position Details**

|  |
| --- |
| Proposed Job Summary:  Please provide a 5-10 sentence job summary for the proposed position. |
|  |
| Impact & Influence:  Who will this position interact with on a consistent basis (titles/names)? What degree of autonomy (level of independent activity) will the individual have within the role? To what extent do their decisions impact the organization as a whole? Please explain in detail. |
|  |

**Part III: Duties/Responsibilities**

Please approximate the percentage of time spent on each task (out of 100%) during a typical work week. List these tasks in order of importance, with the most critical task coming first.

\*Do **not** list more than 6 entries – do not go below 5% time per assigned duty\*

|  |  |
| --- | --- |
| % Time | Task |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| List up to 5 major changes in the position’s responsibilities, specifically how the proposed changes differentiate from the current assignment. Please include the names and titles of individuals previously performing the newly assigned duties. In addition, please include details of where previously performed duties are being reassigned (i.e. being transferred to another employee or falling off due to lack of necessity). |
|  |

**Part IV: Internal & External Comparison**

Please list positions within your organization (UGA) that you believe to be similar.

|  |  |  |
| --- | --- | --- |
| Incumbent Name | Title | Department |
|  |  |  |
|  |  |  |
|  |  |  |

Please list positions outside of the University that you believe to be similar, if applicable.

|  |  |  |
| --- | --- | --- |
| Job Title | Company Name | Notes/Comments/Contacts |
|  |  |  |
|  |  |  |

**Part V:** [**FLSA Federal Exemption Tests**](https://www.dol.gov/whd/overtime/fs17a_overview.htm)

1. How many total full-time employees does this position directly supervise? \_\_\_\_\_\_\_\_\_\_\_\_

\*Note that student workers are not counted as full-time employees, and graduate assistants count as student workers

\*Do not list more than 5 employees supervised.

|  |  |
| --- | --- |
| Supervised Employee’s Name | Title |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Was this position reviewed during the FLSA evaluation process? If so, please attach all pertinent documentation to this evaluation packet. If this position was not reviewed, please explain why it was not reviewed.

|  |
| --- |
|  |

The guidelines established by the Fair Labor Standards Act must be considered throughout all aspects of employment; this includes reclassification and new position requests. If the proposed classification is designated as exempt, the duties and responsibilities of that position are required to pass at least one exemption test as outlined by the federal law. This is true for all instances of employee movement regardless of current exemption status. For more information on the [Fair Labor Standards Act (FLSA)](https://www.dol.gov/whd/overtime/fs17a_overview.htm), please follow the provided link. Below are links outlining the different exemption tests as defined by the Department of Labor.

[Executive Test](https://www.dol.gov/whd/overtime/fs17b_executive.pdf) [Administrative Test](https://www.dol.gov/whd/overtime/fs17c_administrative.pdf) [Learned Professional Test](https://www.dol.gov/whd/overtime/fs17d_professional.pdf) [Creative Professional Test](https://www.dol.gov/whd/overtime/fs17d_professional.pdf)

1. OPTIONAL: Please note which exemption test was used, as outlined by the FLSA, and the department’s reasoning for requesting exemption status of this position. Filling out the exemption test and including the departments reasoning as a part of this packet could result in expediting the decision process; however, the ultimate determination of exemption status will be made after an in-depth evaluation by the Classification team. If this is for a non-exempt position, and no test is necessary, please simply put N/A

|  |
| --- |
|  |

**Additional Comments:**

Please feel free to include the following information in this section if a posting is needed: 1.) Knowledge, Skills, Abilities and/or Competencies required to successfully perform work: 2.) Education, Experience, Licensure, Certification required: AND/OR 3.) Preferred Qualifications:

|  |
| --- |
|  |

**Signature Approvals**

Your signature below indicates that you have reviewed this reclassification request, ensured the information provided is complete and accurate, and support the action proposed within.

**Department or Unit Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**Department/College Chief HR Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**AVP/Assoc. Dean/Dean/VP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**