



The purpose of the Request for Classification form is to collect detailed job content information to determine the appropriate classification grade for a position. Performing additional responsibilities of higher complexity satisfactorily for a minimum of six months is expected before a request for reclassification is submitted. Part I and II are completed by the supervisor. Part III is to be completed and signed by the department head and Dean/VP. Part IV is the revised position description completed by the supervisor. Please be sure that the information on this form is accurate and complete. If you have any questions or need guidance in completing this form, please contact Compensation at 831-2171 or hr-class@udel.edu.

PART I: ORGANIZATIONAL INFORMATION

1. PLEASE CHECK: <input type="checkbox"/> Existing Position <input type="checkbox"/> Vacant Position		POSITION NUMBER:
2. NAME, CURRENT TITLE AND GRADE OF POSITION:		
TELEPHONE NUMBER:	DEPARTMENT:	
3. NAME AND TITLE OF SUPERVISOR:		
TELEPHONE NUMBER:	ROOM NUMBER/BUILDING:	

PART II: POSITION INFORMATION – TO BE COMPLETED BY SUPERVISOR

Prior to the supervisor completing this section, think about the responsibilities that are currently performed by the incumbent or expected in the redefined position.

4. LIST RESPONSIBILITIES, AND PERCENTAGE OF TIME FOR EACH, THAT DO NOT CORRESPOND TO THE CURRENT JOB DESCRIPTION.	
%	RESPONSIBILITIES
5. WHAT KNOWLEDGE, SKILLS AND ABILITIES ARE REQUIRED OR NEED TO BE LEARNED TO PERFORM THE RESPONSIBILITIES LISTED IN ITEM 4. ESTIMATE THE AMOUNT OF TIME REQUIRED TO LEARN THESE.	
6. STATE WORK ACTIONS AND/OR DECISIONS MADE WITHOUT PRIOR APPROVAL.	

7. NAMES AND TITLES OF PERSONS SUPERVISED OR DIRECTED.		
NAMES	TITLES	TYPES OF SUPERVISION RECEIVED*
*Immediate - Instructions are specific and detailed; work is checked frequently. *Close - Established routines are thoroughly explained; work is checked upon completion. *General - Results desired are indicated; employee works at own pace; work is reviewed for general effectiveness.		
8. LIST CONTACTS WITH PEOPLE OTHER THAN INCUMBENT'S IMMEDIATE SUPERVISOR AND THOSE UNDER SUPERVISION OF THE INCUMBENT. INDICATE THE METHODS, FREQUENCY, AND NATURE OF CONTACT (e.g., IN PERSON, TELEPHONE, CORRESPONDENCE, ETC.).		
9. IN YOUR OPINION, WHAT IS THE MINIMUM LEVEL OF EDUCATION AND EXPERIENCE WHICH IS REQUIRED TO PERFORM THE RESPONSIBILITIES OF THIS POSITION?		
A. Education		Program
High School		
College		
Technical		
B. Experience		Type
		Number of Years
10. ATTACH AN ORGANIZATIONAL CHART SHOWING THE POSITION WITHIN YOUR UNIT.		
11. I CERTIFY THAT THE INFORMATION IN THIS DOCUMENT IS COMPLETE AND ACCURATE:		DATE
Incumbent: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Signature </div>		_____ _____ _____ _____
Supervisor: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Signature </div>		_____ _____ _____ _____
HR Manager: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Signature </div>		_____ _____ _____ _____
Business Officer: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Signature </div>		_____ _____ _____ _____

PART III: TO BE COMPLETED BY THE DEPARTMENT HEAD / DEAN / VP

12. GENERAL COMMENTS—INCLUDE ANYTHING PERTINENT THAT YOU FEEL HAS NOT BEEN ADEQUATELY COVERED OR NEEDS TO BE KNOWN ABOUT THE POSITION.			
<input type="checkbox"/> <i>I certify that this information is complete and accurate and confirm that there is funding for any salary increase that may result from this reclassification review. I understand that if funding cannot be identified, the Executive Vice President or Provost, as applicable, must approve this review.</i>			
_____	_____	_____	_____
Signature of Department Head	Date	Signature of Dean / VP	Date

PART IV: POSITION DESCRIPTION

DIRECTIONS

HEADING

- The Heading identifies the position and provides essential information. The signatures on the Request for Classification form insures that the incumbent, the immediate supervisor and the appropriate Dean or Vice President agree on the job responsibilities and qualifications.
- Position Title: List current title or proposed new title.
- Date Prepared: List day, month and year the description was written.
- Department: List name of the department which the position is assigned.
- Incumbent: List name of the employee currently in the position. If no incumbent, list vacant.
- College/Administrative Office: List name of the college or administrative office that is the major organizational unit.
- Prepared by: List name of the writer of the position description.
- Location: List city or town where the position is located, e.g., Newark, Lewes, Georgetown, Wilmington.
- Approved by: List name of Business Officer or Department Head.
- Title of Supervisor: List title of supervisor that has immediate authority over the position (dean, director, manager, etc.).
- Grade: List current grade or proposed new grade.
- Position Number: List position number.

CONTEXT OF JOB

Write a brief narrative explanation of the way in which the position relates to and supports the department/unit identified in the Heading. Include information about those supervised, the number of transactions performed, the size of the budget, etc. Consider how the position approaches and resolves major problems that are faced in the job. Some positions have clear standards and established precedents to guide the problem-solving process; other jobs rely more on evaluative or conceptual thinking. Describe the level of authority the position has to make decisions affecting others.

MAJOR RESPONSIBILITIES

List the responsibilities of the position. A good resource is the list of major responsibilities on recent performance appraisals or an old position description. Try to limit this section to eight major responsibilities, listed in descending order of importance. It is tempting to list 20 or 30 tasks or activities, but most of these can be combined into major areas. Even the most complex job can usually be summarized in six to eight key responsibilities.

QUALIFICATIONS

Indicate the basic skills, work experience, minimum education, formal training, or professional credentials required to perform this position satisfactorily. Try to be objective rather than personal; think about the skills and proven abilities someone else would need to be qualified to do this work. Avoid the temptation to enlarge the position artificially by overstating the necessary qualifications of a competent replacement. Differentiate between absolute requirements, preferred qualifications and desirable skills or experience. If the position requires a degree, be specific about the specialty area or major concentration. Identify specialized experience only if it is essential to successful job performance.



Position Title:

Date Prepared:

Department:

Incumbent:

College/Admin Office:

Prepared by:

Location:

Approved by:

Title of Supervisor:

Grade:

Position Number:

CONTEXT OF THE JOB:

MAJOR RESPONSIBILITIES:

QUALIFICATIONS: