

Submitting a Reclassification & Salary Adjustment Request Form for Classified Positions Through DocuSign PowerForms

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Navigate to <https://powerforms.docusign.net/131f4dea-69f6-4ee2-977a-18b82274bfc2?env=na3&acct=0df82721-ac1d-4c63-a607-e443830d0cf0&accountId=0df82721-ac1d-4c63-a607-e443830d0cf0>

2

Add your full name and email here

below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Prepared By

Your Name: *

Your Email: *


Please provide information for any other signers needed for this document.

Employee (for HR Tracking DO NOT change email)

- 3 Enter the name of the Employee here - *do not change* the email address

Employee (for HR Tracking DO NOT change email)

Name: *



Email: *

Supervisor


Name: *

Email: *

- 4 Enter the full name and email of the Supervisor **tab** to next field

Supervisor

Name: *



Email: *

University Business Officer or Delegate

Name: *

Email: *

Additional Department Chair Dean Director

- 5 Enter the full name and email of the UBO or Delegate **tab** to next field

University Business Officer or Delegate

Name: *

Email: *

Additional Department Chair, Dean, Director, or Delegate (Optional)

Name:

- 6 If there is an additional reviewer, enter their full name and email here (it is a good practice to list your units respective communication lead for OAR here).

Additional Department Chair, Dean, Director, or Delegate (Optional)

Name:

Email:

Dean/Director or Delegate

Name: *

Email: *

7

Enter the full name and email of the Dean/Director or Delegate **tab** to next field

Dean/Director or Delegate

Name: *

Full Name

Email: *

Email Address

Vice President or Delegate

Name: *

Full Name

Email: *

Email Address

Budget Office

8

Enter the full name and email of the VP or Delegate **tab** to next field

Vice President or Delegate

Name: *

Full Name

Email: *

Email Address

Budget Office

Name:

Budget Office

Email:

budget@isu.edu

Human Resources Specialist

9 Do not change anything here

Budget Office

Name:

Budget Office



Email:

budget@isu.edu

Human Resources Specialist

Name:

Stephanie Richardson

Email:

stephanierichard1@isu.edu

Personnel

10 Do not change anything here

Human Resources Specialist

Name:

Stephanie Richardson

Email:

stephanierichard1@isu.edu

Personnel

Name:

Katie Baca

Email:

katiebaca@isu.edu

11 Click "Begin Signing"

stephanierichard1@isu.edu

Personnel

Name:
Katie Baca

Email:
katiebaca@isu.edu

Begin Signing

English (US) | Contact Us | Terms of Use | Privacy | Intellectual Property | Trust

12 Click "Got it"

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CONTINUE **FINISH LATER** **OTHER ACTIONS** ▾

appropriate job classification and internal equity. This form may be used for a merit increase. For a bonus request, please utilize the Performance Review Form.

Department:

Position Control Number (PCN):

Reason for Request (check all that apply):

Internal Equity

Change in FTE/hours

Proposed Appointment:

Title:

Use the Finish Later option to continue signing this document at a later time. [Learn more...](#)

GOT IT

13 Click "Continue"

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Idaho State University
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CONTINUE FINISH LATER OTHER ACTIONS ▾

ropriate job classification and internal equity. This form may be
manent increase. For a bonus request, please utilize the Performance
ation Form.

Department:

Position Control Number (PCN):

14 Add optional attachments such as a updated organizational chart.

:C8F24F44

Idaho State University

Optional Optional

Salary Adjustment Request: Classified Employee

n salary for a classified staff employee outside of the annual merit
sidered to determine the most appropriate job classification for the
hin the existing job classification due to job changes, changes in
, retention, and/or internal equity. Units will engage with their leadership
ling to the OAR Personnel process for staff positions. If the request is
eam, Human Resources will contact the supervisor for a desk review, and
e appropriate job classification and internal equity. This form may be
permanent increase. For a bonus request, please utilize the Performance
rization Form.

15 Provide employee and position details

College/Division: Campus Operations	Department: Human Resources
Adjustment Type: Ongoing Adjustment	
Employee Name: Best Employee	Position Control Number (PCN): 000000
Primary Purpose for Request (check all that apply):	
Job Change/Additional Duties <input checked="" type="checkbox"/>	Internal Equity <input checked="" type="checkbox"/>
Reclassification Request <input type="checkbox"/>	Change in FTE/hours <input type="checkbox"/>
Current Appointment:	
Title: Title of Now	Title: Title of Tomorrow
FTE: 1	FTE: 1
Appointment Months Per Year: 12 Months	Appointment Months Per Year: 12 Months
Hourly Rate: \$15.00	Hourly Rate: \$18.00
Total Annual Salary: \$31,200	Total Annual Salary: \$37,440
Potential End Date: 11/17/2025	Proposed Effective Date: 11/17/2024
Labor Distribution	

16 Provide funding source information

Labor Distribution					
Current Appointment:			Proposed Appointment:		
Index(es)	Account	Amount	Index(es)	Account	Amount
INDEX	6103 (Classified)	\$31,200	INDEX	6103 (Classified)	\$37,440
	-- select --			-- select --	
	-- select --			-- select --	
	-- select --			-- select --	


Additional information on funding source verification for proposed increase and recommendation (UBO/Budget):

17 The UBO will provide additional information related to funding source here

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Additional information on funding source verification for proposed increase and recommendation (UBO/Budget):

Primary Rationale for Proposed Salary Increase and/or Reclassification Review. Please explain why a salary adjustment is being requested outside of the annual merit increases process. Why is it in the best interest of the unit to consider this salary adjustment/reclassification at this time? Attach additional sheets if necessary.



18 Provide the primary rationale for the proposed salary increase or reclassification

Primary Rationale for Proposed Salary Increase and/or Reclassification Review. Please explain why a salary adjustment is being requested outside of the annual merit increases process. Why is it in the best interest of the unit to consider this salary adjustment/reclassification at this time? Attach additional sheets if necessary.



SIGNATURE APPROVALS REQUESTING HR REVIEW

I confirm this document has been completed accurately and the request for this reclassification review/salary adjustment is in the best interest of the department/college/division/university, pending HR review of applicable policy and the availability of funds.

Supervisor:	Date:
Dean/Director:	Date:

19 Provide information on what the positions purpose is

Vice President:	Date:
Budget Office:	Date:

POSITION DESCRIPTION REVIEW AND ASSESSMENT

The next section is intended to capture the duties and responsibilities assigned to the position for use in determining the most appropriate job classification. Consider the duties and responsibilities that are part of the job under typical conditions, not special projects or ad-hoc assignments. After HR's assessment and desk review with the supervisor, this documentation will aid in preparing an updated Job Description for the position.

Position Purpose. Briefly describe the primary function and purpose of the position. Why does this position exist?



20 Provide information about tasks the position is responsible for

	Duties/Responsibilities	Estimated % Time Spent	Essential Function (Yes/No)	New Duty/Change (Yes/No)
1	Task	20	Yes	No
2	Task	20	Yes	No
3	Task	20	Yes	Yes
4	Task	20	Yes	Yes
5	Task	20	Yes	Yes
6			-- select --	-- select --
7			-- select --	-- select --
8			-- select --	-- select --
9			-- select --	-- select --
10			-- select --	-- select --

Job Complexity. Of the primary duties listed, what is the most time consuming responsibility for this position? What is the most complex responsibility?

21

Provide information about the job complexity, communication needs, and decision making autonomy

Job Complexity. Of the primary duties listed, what is the most time consuming responsibility for this position? What is the most complex responsibility?

[Empty text box for Job Complexity response]



Communication: who does the position regularly communicate with in order to perform their primary duties? What do they communicate about?

[Empty text box for Communication response]



Decision Making Authority: what type of decisions or recommendations is this position authorized to make? What types of decisions would need to be referred to the supervisor? What actions does this position have the authority to approve or deny?

[Empty text box for Decision Making Authority response]



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Provide information about the employee's job knowledge/training

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Job Knowledge/Training. What type of specific department/program or technical knowledge does this position need to have in order to fulfill the primary duties and responsibilities of the position?

[Empty text box for Job Knowledge/Training response]



Supervision. Indicate the degree of supervision this position is responsible for directing and reviewing the work of others (check all that apply):

No responsibility supervising others <input checked="" type="checkbox"/>	Occasional training and directing the work of non-student employees <input type="checkbox"/>
Training and directing the work of student employees <input type="checkbox"/>	Direct supervision, hiring, and evaluating the work of regular employees as a first-line supervisor <input type="checkbox"/>

Please note the type and number of positions this position is responsible for training/directing/overseeing as noted above:

Type of position supervised: Permanent or Temp/Student Employees	Number of Incumbents

23 Provide supervisory information about the position

others (check all that apply):

No responsibility supervising others <input checked="" type="checkbox"/>	Occasional training and directing the work of non-student employees <input type="checkbox"/>
Training and directing the work of student employees <input type="checkbox"/>	Direct supervision, hiring, and evaluating the work of regular employees as a first-line supervisor <input type="checkbox"/>

Please note the type and number of positions this position is responsible for training/directing/overseeing as noted above:

Type of position supervised: Permanent or Temp/Student Employees	Number of Incumbents
-- select --	<input type="text"/>
-- select --	<input type="text"/>
-- select --	<input type="text"/>


HR APPROVALS FOR IMPLEMENTATION	
Approved Position Title:	Pay Grade:
Effective Date of Adjustment:	

24 Click "Finish"

-- select --	<input type="text"/>
-- select --	<input type="text"/>

HR APPROVALS FOR IMPLEMENTATION	
Approved Position Title:	Pay Grade:
Effective Date of Adjustment:	
Approved Rate:	
Percentage Increase (annual):	
HR Approval Signature:	Date
Additional HR approval notes:	
<input type="text"/>	

Revised September 2024

 Change Language - English (U)