**Wellesley College
Reclassification Request Form**

In the following sections, please provide information that will demonstrate and clarify the significant changes to the job responsibilities that will now be a part of ongoing responsibilities.

**Request Type:**

|  |  |
| --- | --- |
| **[ ]  Replacement with Changes:*** Title:
* Name of previous incumbent:
* Date the position vacated: Click here to enter a date.
 | **[ ]  Review for Reclassification:** * Current Title:
* Proposed title:
* Name of incumbent:
 |

**General Information:**

|  |  |
| --- | --- |
| **Submission Date:** Click here to enter a date. | **Department:**       |
| **Hiring Manager Name:** | **Hiring Manager Position:**       |
| **FTE:**       | **Position Number:**       |
| **Current/Previous Job Title:**       | **Proposed Job Title:**       |
| **Current/Previous Level:**  | **Proposed Level:**  |

**Primary Position Responsibilities:**

*Provide the breakdown of the work and responsibilities and what is changing in the new role. Most roles have 5 to 6 primary responsibilities. Focus on major responsibilities not specific tasks. List the primary responsibilities in order of the percentage of time spent on that responsibility. Percentage should equal 100%.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Position Responsibility** | **Percentage of Work** | **Proposed Position Responsibility** | **Percentage of Work** |
|       | % |       | % |
|       | % |       | % |
|       | % |       | % |
|       | % |       | % |
|       | % |       | % |
|       | % |       | % |
| **Total** | **100%** | **Total** | **100%** |

**Please provide a summary regarding the employee’s change in job responsibilities that supports a job level increase.**

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|       |

**How will the change in this role affect other positions in the department/division? How will the change in this role affect the distribution of work within the department/division?**

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**Why is this role necessary to your department/division?**

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**Signatures:**

|  |  |
| --- | --- |
| **Department Head:**       | **Date:** Click here to enter a date. |
| **Human Resources:**       | **Date:** Click here to enter a date. |
| **Finance:**       | **Date:** Click here to enter a date. |

***Please submit a revised role document with this form and return both completed forms to HR.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For HR Use Only:**

|  |  |
| --- | --- |
| **Level:**  | **Job Profile:**       |
| **Exemption Status:**  | **Position Number:**       |
| **Approved By:**        | **Date:** Click here to enter a date. |

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