



**HUMAN RESOURCES
APPLICATION FOR RECLASSIFICATION
GENERAL STAFF POSITION**

An application for reclassification may be initiated by the Occupant or by the School.

The following documentation is required for the position to be reviewed (*please tick boxes to indicate documents attached*).

- Old position description
- New position description (please ensure new position descriptions do not exceed two pages in length)
- Organisational structure chart (including position numbers, titles and classifications)
- A statement outlining the major changes to the position

Forms and guidelines are available at: www.hr.uwa.edu.au/policies/policies/reclassification/classification

SECTION 1 - POSITION INFORMATION

School/Admin dept

Position number

Current Position Title

Reclassification is to the first step of the proposed classification level only. If occupant is to be paid at a higher step please provide documentation to HR Services once Reclassification confirmed.

Present classification
eg, HEE Level 3

Classification sought
eg, HEE Level 4

Proposed position title

SECTION 2 - POSITION OCCUPANT INFORMATION

Family name

First names

Title *eg, Mrs, Dr*

Tel. extension

School contact

Tel. extension

Occupant's signature

Date (*dd/mm/yy*)

SECTION 3 - SCHOOL ENDORSEMENT

Supervisors and Heads of School should ensure this application for reclassification is a true and accurate reflection of the position and its role within the School/Admin. department prior to signing below.

Human Resources will normally contact Supervisors as part of the reclassification process. Heads of School/Admin. departments should indicate below, if they wish to be contacted during this assessment process.

SUPERVISOR TO COMPLETE

Standard position description used

I support this application for reclassification Yes No

I wish to be contacted during the assessment process Yes No

Name (*please print*)

Signature

Date (*dd/mm/yy*)

APPROVED DELEGATE TO COMPLETE (See [University Delegations](#))

I support this application for reclassification Yes No

I wish to be contacted during the assessment process Yes No

Name (*please print*)

Signature

Date (*dd/mm/yy*)