

# INFORMATION AND INSTRUCTIONS FOR REQUESTING A RECLASSIFICATION

## **What Is A Reclassification**

A reclassification is a request for the Commissioner of Personnel to re-examine the duties, work activities, level of responsibility, knowledge, skills, abilities and personal characteristics of a specific position in order to determine if it is still appropriately classified. The Commissioner evaluates all information provided and, if necessary, allocates the position to a new classification. If an appropriate job description does not already exist, a new specification is created. The job description is then evaluated against the County's point factor rating system and allocated to an appropriate labor grade. The labor grade for a position can go up, down, or remain the same depending on the changes made to the job description.

## **Who Can Initiate a Reclassification**

A reclassification can be initiated by either the incumbent or the supervisor/department head of a position. It is believed, however, that you are the best person to present complete information about your own job, and that you should know your level of responsibility and the duties that you are performing. For this reason you should **take great care in completing the MSD-220 Reclassification Request form, and parts I and III of the attached reclassification questionnaire accompanying this instruction sheet.** You should provide enough information so that a CLEAR AND COMPLETE UNDERSTANDING OF YOUR JOB can be obtained by those who will study it. The statements you make are not to be changed by your supervisor. Supervisors, however, have the right to provide input and part II of the questionnaire is provided for that purpose. If necessary, an interviewer from the Personnel Department staff may call on you an/or your supervisor at a later date to discuss your work and the reclassification request.

Remember that these questions are asked are about YOUR JOB and not about you as an individual. This survey is not concerned with how well you perform your work or how well qualified you are. A classification study is only concerned with:

THE KIND OF WORK YOU DO;  
THE RESPONSIBILITIES OF YOUR POSITION;  
AND THE RELATIONSHIP OF YOUR WORK TO THAT OF OTHERS.

Please do not present the works of others in filling out the questionnaire even though the work involved is the same as that of another person. Your own statement of your work is wanted, not the ideas of others about your work. You may ask your supervisor or the Personnel Department to explain any question you do not understand, but please use your own words in answering all questions. If you are certain that a question does not apply to your work, write in "DOES NOT APPLY," but be sure that this is true before saying so.

## **The Reclassification Request form and Job Reclassification Questionnaire**

The primary tools that we use to obtain accurate information about the duties and responsibilities of a position are the Reclassification Request Form (MSD220) and the three part Job Reclassification Questionnaire. Please complete the MSD-220 and the Reclassification Questionnaire as completely and accurately as possible. We have tried to make these forms self explanatory, however, you may still have questions. If so, please call personnel at 274-5526. If there is an existing job description that you believe accurately portrays your job, please let us know the title. As much as possible positions will be broadly classified. In instances where a position is obviously unique, we will narrowly classify and create a single incumbency job specific description.

MSD-220a  
**TOMPKINS COUNTY**  
**POSITION RECLASSIFICATION REQUEST**

**1. EMPLOYEE NAME:**

**DEPARTMENT:**

**2. CURRENT TITLE :**

**HOURS PER WEEK:**

**3. DESCRIPTION OF DUTIES:** Describe the work that you do in sufficient detail to give a clear word picture of the job. Use a separate paragraph for each distinct duty that you routinely perform. Place the most important duties at the top of the list and work you way down to the least important. In the "percent" column, estimate the percentage of time spent performing these duties. NOTE: Critical and important duties do not necessarily require the largest percentage of your time. Therefore, it is imperative that you rank them according to the importance of the duty and not by the amount of time spent doing it.

**PERCENT    DUTIES PERFORMED**



Use additional sheets as necessary

4. Name(s) and title(s) of employees(s) **supervising** this position, and type of supervision performed (Direct, General, Administrative, Etc.).

**NAME** **TITLE** **TYPE OF SUPERVISION**

5. Name(s) and title(s) of the employee(s) **supervised by** the incumbent of this position including the type of supervision performed:

**NAME** **TITLE** **TYPE OF SUPERVISION**

6. Names and titles of persons doing basically the same kind and level of work as the incumbent.

**NAME** **TITLE** **TYPE OF SUPERVISION**

7. What minimum qualifications do you believe should be required for this position?

**EDUCATION:**

High School or GED:

College: # credit hours, AS Degree , BS Degree , MS Degree , PhD

with specialization in:

**AMOUNT AND TYPE OF EXPERIENCE REQUIRED:**

**KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS REQUIRED: \_**

**SPECIAL LICENSURE OR CERTIFICATION REQUIRED:**

8. The above statements are accurate and complete.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_.

**CERTIFICATE OF POSITION ISSUED BY TOMPKINS COUNTY PERSONNEL**

9. In accordance with the provisions of Civil Service Law, Section 22, Tompkins County Personnel certifies that the appropriate civil service title for the position described herein shall be:

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**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_.

**ACTION BY LEGISLATIVE BODY OR OTHER APPOINTING AUTHORITY**

10. Creation of the position is: [ ] Approved (Specify Number \_\_\_\_ ) [ ] Disapproved

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_.

JOB RECLASSIFICATION QUESTIONNAIRE  
Supplementary Information  
Part I

1. Name:

2. Payroll Title:

3. Department:

4. The purpose for my reclassification request is:

- Change in title to:
- Change in labor grade (with no title change) to:
- My duties have changed. Please update my job description based upon the attached MSD-220A.

5. If you are requesting a change in title, please give your reasons for believing that the title requested more accurately describes your job. Please be specific. (Attach additional sheets if necessary.)

6. If you are requesting a change in labor grade only, please give your reasons for believing that the labor grade requested is more appropriate than your present labor grade. (Attach additional sheets if necessary.)

7. List the names and titles of others whom you feel are doing substantially the same kind and level of work that you are.

Name	Title	Department
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8. Please explain the basis for comparison of your position with the positions you have listed in number seven above. Please be specific. (Attach additional sheets if necessary.)

9. Please read the information contained in Part III of this form and sign the certification required in that part as well as signing the certification below.

10. Date:

11. \_\_\_\_\_  
Employee Signature

I certify, to the best of my knowledge and belief, that the entries above are correct and complete.

JOB RECLASSIFICATION QUESTIONNAIRE  
Supplementary Information  
Part II  
To Be Completed by the Supervisor/Department Head

12. This reclassification request was originated by:

- Employee(s)    Supervisor (s)    Department Head

13. Please check only one of the following:

- The current classification and grade are accurate.
- This position would be more accurately classified as:
- The classification is accurate but the labor grade should be changed to:
- The duties of this position have changed. Please update the job description based on the attached MSD-220A.

Please explain:

14. Are there other employees in your department whose jobs should be studied at the same time as this employee? If so, please list them.

Name	Title
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15. Please list names and titles of other persons whose job duties require regular interaction with this employee. (Please include the employee's supervisor, and any employees supervised by the employee in this list.)

Name	Title	Department	Nature of Interaction
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16. Has there been a change in department structure, staffing, or function which has caused a change in this employee's duties? What other factors have effected this employee's duties? Please be specific. (Attach additional sheets if necessary.)

17. What other information about this position and your department will be helpful in performing an accurate and comprehensive class study. Please explain in detail. (Attach additional sheets if necessary.)

18. Please attach a copy of your current organizational chart.

19. Please read the information contained in Part III of this form and sign the certification required in that part as well as signing the certification below.

20. Date:

21.

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Department Head Signature

I certify, to the best of my knowledge and belief, that the entries above are correct and complete.

JOB RECLASSIFICATION QUESTIONNAIRE  
Supplementary Information  
Part III

1. If your position is reclassified as a result of this request, you will not automatically acquire permanent status in the new title. Your civil service status in most instances will be "provisional" in the new title. There are four possible paths to permanent appointment:

- (a) **If you are already reachable on an appropriate eligible list**, you **may** be eligible for a permanent appointment. However, you should be aware that your Department Head has the option of choosing from among the top three eligibles who are willing to accept appointment. You should discuss this situation with your Department Head prior to requesting a reclassification and come to an understanding.
  - (b) **If you have taken an examination appropriate to the position within the past four years but the list has expired** and there are three persons or less in your department either eligible for or interested in promotion, a comparability of past examinations can be requested. In this process, the State compares your past examination against that which would be created for the reclassified title and, if the examinations are found to be comparable, no further examination is necessary.
  - (c) **If there are three persons or less in a direct line of promotion within your department and you have not taken an examination that would be appropriate to the new title within the last four years**, your Department Head could nominate you to take a non-competitive promotional examination. This option would eliminate any internal or external competition for your position. You simply would need to pass the examination in order to gain permanent status.
  - (d) **If there is no appropriate eligible list in existence or you do not meet the criteria outlined in (b) or (c)**, an examination will be held for the purpose of filling the reclassified position in accordance with Civil Service Law and our Local Rules. You should note that Rule XI (8) of the Civil Service Rules for Tompkins County provides at least one opportunity to qualify in a competitive examination for the title to which your position has been reclassified. However, if you refuse to take the examination or fail to qualify (appear among the top three eligibles willing to accept appointment), you will be removed from the reclassified position.
2. If you are eligible for appointment as spelled out in (a) and (d) above, you still must be reachable among the top three eligible candidates willing to accept the appointment. As a provisional employee, you do not hold any rights to the reclassified position. The Department Head still has the option of choosing from among the top three eligibles willing to accept appointment. Simply being on the appropriate Civil Service list gives you no rights to the reclassified position. You must be chosen as the best candidate to fill the position from among the top three candidates willing to accept the appointment.
3. As a result of reclassification, your position could be allocated to a higher labor grade, to the same labor grade, or to a lower labor grade. There is also the possibility that a full-fledged reclassification is not appropriate. Often, minor revisions can be made to existing specifications resulting in an increase or decrease in the responsibilities and/or duties performed. In that case, the point factor rating system will be reapplied to the revised job specification. If your position is reallocated to a lower labor grade, no further action is required. If reallocated to a higher labor grade, it may be considered a promotion and a new examination required. If that is the case, the terms and conditions for examination and appointment described in (1) and (2) above will apply.

**Employee's Certification** I have read the information contained in (1), (2), and (3) above and understand the possible consequences of requesting a reclassification. I am willing to compete in an examination if required.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRESENT TITLE: \_\_\_\_\_

DEPARTMENT/ORGANIZATION: \_\_\_\_\_

**Department Head's Certification** I have read the information contained in (1), (2), and (3) above and understand the possible consequences of my employee's reclassification request.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRESENT TITLE: \_\_\_\_\_

DEPARTMENT/ORGANIZATION: \_\_\_\_\_