

Application for (Re)Classification

Following all relevant endorsements, this Application and all Supporting Documentation is to be forwarded to the designated **Human Resources Manager** within the Local Health Network
NB Submission will be returned if approvals or documentation is incomplete.

For all Nursing applications, or all Allied Health Peer Assessment applications, please use the appropriate forms located on the SA Health Intranet

This form is to be completed by the Applicant or Initiating Manager seeking to classify or reclassify a position. The Applicant or Manager must fully complete Parts 1- 9 of this application before submitting it to the relevant Managers and Executive for signoff and comment.

Please contact your local Human Resources Department if you require assistance completing this form.

Type of Application

- New Position Classification** new position creation form needs to be completed and signed off first
- Management Initiated Reclassification**
- Personal Reclassification** used only if employee & management disagree on the classification level-

Part 1: Applicant

Name:	<input type="text"/>
Position Title:	<input type="text"/>
Directorate / Department:	<input type="text"/>
Contact Number:	<input type="text"/>
Contact Email:	<input type="text"/>
Date:	<input type="text"/>

Part 2: Current Position Details (Leave this section Blank for NEW positions)

Current Position Title:	<input type="text"/>		
Current Position Classification	<input type="text"/>		
CHRIS Position Number :	<input type="text"/>		
Position FTE:	<input type="text"/>	Date Position Last Advertised: <i>(If Known)</i>	<input type="text"/>

Part 3: Current Incumbent Details (Leave this section Blank for NEW positions)

Current Occupants Name(s):	<input type="text"/>
Occupant(s) Status:	Permanent Incumbent (Substantive) <input type="checkbox"/> Acting <input type="checkbox"/> Vacant <input type="checkbox"/>
Current Occupants Name(s):	<input type="text"/>
Occupant(s) Status:	Permanent Incumbent (Substantive) <input type="checkbox"/> Acting <input type="checkbox"/> Vacant <input type="checkbox"/>
Current Occupants Name(s):	<input type="text"/>
Occupant(s) Status:	Permanent Incumbent (Substantive) <input type="checkbox"/> Acting <input type="checkbox"/> Vacant <input type="checkbox"/>

Part 4: Proposed Position Details

Proposed Position Title:			
Proposed Classification:	NB In general, If the proposed classification is an increase of 2 or more levels the position must be advertised		
Position FTE:			
Position Location:			
Position Status:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Casual <input type="checkbox"/>
Employment Type:	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Please specify period YRS / MNTH
Position within Approved Establishment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Funding Source (Please Specify)	Operating <input type="checkbox"/>	Externally Funded <input type="checkbox"/>	

Part 5: Financial & Human Resource Responsibilities of Position(s) (If Applicable)

Operating Budget Responsibility of the position:	\$ pa
Non Operating Budget Responsibility of the position:	\$ pa
Delegation Level of the position:	Financial Level HR Level

Part 6: Organisational Details (NB Please ensure this section is consistent with the organisation chart)

Subject Position:	(Position Title)	
Line Manager / Supervisor:	(Position Title)	
Line Manager / Supervisor Reports to:	(Position Title)	
Staff Directly Supervised by Subject Position:	Headcount	Total FTE
(please insert additional lines if required)	Position Title	
	FTE	Classification
	Position Title	
	FTE	Classification
	Position Title	
	FTE	Classification
Staff Indirectly Supervised by Subject Position:	Headcount	Total FTE

Part 7: Justification & Background

New Positions:

- (1) Highlight how the need for the position has arisen.
- (2) Explain the aspects of the role including complexity, responsibility and significance of impact of outcomes.
- (3) Attach a copy of the completed and endorsed FTE Approval form.

Reclassifications:

- (1) Describe the context and changes to the structure/position.
- (2) Explain the aspects of the role that have changed in particular those which have increased in work value including complexity, responsibility and significance of impact of outcomes.

NB an increase in quantity of work does not warrant reclassification

Justification & Background

Part 8: Comparative Analysis

Work Level Definitions at the Proposed Level

(Please refer to Work Level Definition Fact Sheets – hyperlink)

Use Work Level Definitions from latest classification standards or relevant Enterprise Agreement as applicable.

Enterprise Agreements located at:

<http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public+content/sa+health+intranet/business+units/workforce/workforce+relations/agreements>

Work level definition used eg which EA:

Example Only: Nursing/ Midwifery (SA Public Sector) Enterprise Agreement 2014

Pathway/Stream(s) : (if applicable)

Example Only: Nurse/Midwife Management Facilitator (Level 3)

Please remove examples / text in red when completing application

Work Level Definitions	Comparisons with subject position
<ul style="list-style-type: none"> • <i>Example only:</i> • <i>Integrates corporate and local unit/ward/program human and material resource management in collaboration with Clinical Services Coordinators.</i> 	<p><i>Example only:</i></p> <ul style="list-style-type: none"> • <i>The Manager, in collaboration with senior team members:</i> • <i>Mentors, leads and directs assigned staff, provides appropriate feedback and encourages a culture of cross-team and cross-department collaboration.</i> • <i>Undertakes resource planning and human resource management including prioritising, scheduling, managing staff services and position appointments.</i> • <i>Assists team members to gain the skills, knowledge and capability to deliver their accountabilities through 6 monthly performance development review processes.</i>

Part 9: Classification Documentation Certification

I have compiled the attached application for a classification determination with respect to the above position(s) and the requested classification. I certify that the following information is included in this application or attached:

NB: there is a requirement for the below stated supporting documentation/ information to be completed as part of the application and marked off once complete.

- Certified **Proposed** and (where relevant) **existing Job and Person Specification/s**
- Approved **Current and Proposed Organisation Charts**, clearly depicting the subject position on the proposed chart (reporting relationships, classification levels, FTE and CHRIS positions numbers to be defined on both charts.)
- Comparison against the approved Work Level Definitions** relevant to the position
- Recommendation(s)** from the Manager, Director and Executive Director/General Manager/Chief Operating Officer (as relevant to Local Health Network / Health **Services**)

Initiating Applicant's+ Signature: _____

Date

Part 10: Management Recommendations and Signoff

Manager Endorsement:

In supporting this application you agree that the position is required to undertake the duties and functions as described and you confirm the Role Description is an accurate reflection of the required duties/responsibilities of the position. If NOT supporting the application, please provide reason(s) in comments section.

Signature _____

Name _____

Supported / Not Supported

Position Title _____

Date

Comments: *(Detail must be provided if not supported)*

Manager Business Operations / Business Manager Financial Statement:

Please provide information as to the anticipated costs of the proposed reclassification, and the capacity of the business unit to absorb those costs within existing operating budgets and/or details of alternate funding sources.

Signature _____

Name _____

Supported / Not Supported

Position Title _____

Date

Comments: *(Detail must be provided if not supported)*

Clinical / Executive Director Endorsement

In supporting this application you agree that the position is required to undertake the duties and functions as described. If NOT supporting the application, please provide reason(s) in comments section.

Signature _____

Name _____

Supported / Not Supported

Position Title _____

Date

Comments: *(Detail must be provided if not supported)*

Human Resource Department use only

Application assessed as complete.

1. Do not complete this section until you can confirm that you have a complete application
2. If the application is incomplete return it to the applicant along with a clear explanation of requirements

Human Resources Signature _____

Name _____

Receipt
Date

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Application Acknowledged ____/____/____

Principal Date for Personal Reclassifications only ____/____/____

(Determination of Principal date can be found on Workforce Operations Advice Issue No: WOA0003/11)

- Referred for consideration by:
- General Classification Panel
 - Nursing Classification Panel
 - Allied Health Classification Panel
 - Workforce Operations Classification Panel
 - HR Consultant
 - Other _____

(‘Determination of Principal date’ and the ‘Reclassification Process and Principles’ can be found within Workforce Operations Advice Issue No: WOA0003/11)

Reclassification Application and Supporting Documentation

Check List

Application form

1. Type of application eg managerial or personal has been indicated.
2. Applicant details have been fully completed.
3. Subject position details have been correctly completed.
4. Reference to Classification Standards or Work Level Definitions etc.
5. Definitive recommendation and supporting / non supporting comments made by the Manager / Director / Approving Delegate.

Role Description

1. Certified (signed) existing J&PS / Role Description (not required for new positions)
2. Proposed / Updated signed Role Description
 - 2.1 Preamble / Context to include a brief description of the purpose of both the Division and the unit/section in which the position is located.
 - 2.2 Summary of the **broad purpose of the position to be expressed of no more than 100 words.**
 - 2.3 **Special Conditions on the role description template are standardised to reflect normal Award conditions**, variations to this effect should be referred to the HR Consultant for advice eg Due to the nature of the position Flexitime Provision are not assigned to this position - commencing time 8:45 am and finishing time 5:00pm, with 45 minutes lunch time rostered Monday to Thursday.
 - 2.4 Outcomes and Activities to be grouped into major areas of responsibility, listed in descending order of priority and written in outcome terms.
 - 2.5 Check to ensure that the position outcomes and activities reflect and are consistent with the proposed classification work level definitions.
 - 2.6 **Essential & Desirable criteria to be kept to a max of fifteen (15) dot points.**
 - 2.7 Essential qualifications must reflect those determined by the HR Manual for Health Care Act Employees or 'Commissioners Standard 2, Quality Staffing' for Public Sector Act Employees.
 - 2.8 The Role Description document must be endorsed and dated by the Director / Delegate and the staff member concerned

Current Organisation Chart

1. Subject position is clearly highlighted on the current organisation chart including related positions and lines of accountability / reporting including, position numbers and FTE's.
2. Ensure there is consistency with the reporting relationship in the Role Description and the current organisation chart.

Proposed Organisation Chart (not required if the proposal does not alter the organisational structure)

1. Subject position is clearly highlighted on the proposed organisation chart including reporting relationships, classification levels, FTE and CHRIS positions numbers.
2. Ensure there is consistency with the reporting relationship in the Role Description and the proposed organisation chart.
3. The organisation chart should be endorsed and dated by the Director

Financial statement

This document is required irrespective if the application is initiated on a managerial or personal basis.

NB It is the manager's responsibility to ensure the financial statement is included in the submission.

A statement / analysis from the Business Operations / Business Manager regarding the anticipated costs of the proposed reclassification, and the capacity of the business unit to absorb those costs within existing operating budgets and/or details of alternate funding sources.