



## Position Evaluation Form (PEF) – Reclassification Request



**Only complete this packet when there is a need for a reclassification of a current role.**

The department manager/leader completes this packet. Manager will receive approval by the division/department leadership (inclusive of the budget/business operations manager) before submission of the packet to the respective Human Resources Business Partner (HRBP) for review and consultation with the Compensation Department. All items required for this request are included in this packet.

Examples of a position change that may necessitate an evaluation are: 1) a department reorganization which combines two positions, or a position that now manages an additional function or adds supervisory responsibilities (now manages people).

Other changes to a position, such as a title correction, the addition/removal of items from the job description and/or other minor corrections, may not typically warrant an evaluation of a position. These request should be submitted through the [HR ServiceNow Module](#).

***All Academic Units will be required to submit to the Office of Academic Strategy and Finance for review and approval before submission to your HRBP.***

### **RECLASSIFICATION REQUEST EVALUATION CHECKLIST: **\*\*REQUIRED\*\*****

- Consult with your HRBP, prior to submission
- Complete the PEF and update the Word version of the current Job Description in track changes. *If needed, this can be requested from the HRBP.*
- Conduct internal and external job comparisons to identify titles/positions of a similar nature and notate in the packet (if unknown, include Industry known titles)
- For managerial positions and/or positions that impact the overall span and/or scope of a department; attach a copy of the current **and** proposed organization chart indicating the position alignment in the structure, utilizing current titles
- If available, provide a copy or web link of /or to an industry specific salary survey or resources to assist with the market review
- Forward completed packet and required attachments such as the drafted job description to the [HRBP](#)

Once the HRBP validates the packet has all required information, it will be submitted as a request to compensation through the [HR ServiceNow Module](#). As needed, provide a copy of the employee's most current application and/or resume.



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Position Evaluation Form – Reclassification Request
(Please complete all fields)

Completed By: Division/Department:
Employee Name: EMPL ID Number: Position #:
Current Title: Proposed Title:
Current Salary: \$ Salary Expectation: \$

Funding Type/Sources to be used for this request (Please select all that apply and enter amounts)

Current Position Salary Budget: \$ (enter total budgeted amount)

Allocated Budget amount and source for increase: (Enter all that are applicable and the amounts from each source)

Table with 4 columns: Source(s), Amount, Allocation %, Funding Code. Rows include Position Salary budget, Vacant position salary budget, Foundation funding, Grant/limited term funding, and Operations Budget.

If using funding from a vacant position line, will you initiate recruitment for the vacant position during the current Fiscal Year? Yes No If yes, will you have sufficient funding for recruitment? Yes No

If using Operations Budget, will the permanent transfer of funds impact the department's ability to meet operational needs? Yes No If yes, explain:

Criticality Reason: (Please select one)

- Job misalignments or realignments – reclassifications to properly align current staff
Recruitment Challenges – prolonged time-to-fill, potential loss of top talent
Talent Flight – loss of key talent to competitors due to compensation disparities
Market Competitiveness – salary below market, potential for future recruitment/retention concerns
Failed Recruitment – unsuccessful recruitment attempts due to salary misalignment

Job status (Please select one)

- Regular Full-time or Part-time (regular schedule, for PT 20 hours or more per week)
Part-time (Non-benefited; 19 hours or less per week)
Temporary (works for specified time frame of usually less than six months)
Occasional (works on occasion throughout the calendar year, no set schedule or hours)



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**Request justification or reason? \*\*REQUIRED\*\***

Information should include other alternatives or organizational strategies that have been considered; when was this position last reviewed, changed, or restructured; any recent promotions or reclassifications for the staff member; major changes in responsibility. This can include number and types of personnel supervised, number of projects, program or contracts administered, budget dollars impacted, scope; any position duties the position holder was previously accountable that no longer apply and any additional relevant information about the position.

**Job Comparisons:**

**Internal:** (completed by the requestor) **\*\*If applicable\*\***

Based on what you know about other positions within KSU, identify positions that closely match this position. When identifying these matches, consider items such as required skills and scope of responsibility.

List Internal Job Title(s)	Department

**External:** (completed by the requestor) **\*\*OPTIONAL\*\***

Please indicate if there are any external positions in other **USG or higher education institutions**, or industries that may be a match to this position?

List External Job Title(s)	Where is the position found? (i.e., company, industry)	Notes/Comments

**Review and Approvals:** *\*\*\*Approvals must be in the form of a wet signature or through DocuSign*

Hiring Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Next Level Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/AVP (Academic Units): \_\_\_\_\_

Cabinet/VP: (**\*Academic Units**) \_\_\_\_\_ Date: \_\_\_\_\_

**\*Academic Units, once the Dean/AVP reviews and signs, the completed form must be submitted to Margarita Almeda, Director of Academic Operations. The AVP will collect all submissions and will review with the Provost. If approved, please submit the signed form to your HR Business Partner.**