

Supervisory Change Request to or from Civil Service Supervisory Classification



UNIVERSITY OF MINNESOTA

Submit Supervisory Change Request when there is a change in either adding or removing supervisory responsibilities¹ of one or more University employees²:

¹Supervisory responsibilities is defined as performing the majority of the following: hire, transfer, suspend, promote, discharge, assign work, reward, discipline, direct the work of other employees and respond to grievances

² University employees includes all employees except part-time employees who work less than 14 hours per week or 35 percent of the normal workweek, temp/seasonal employees, employees who work less than 67 days a year, and student employees

Submission Process:

- 1) Employee completes form and forwards to supervisor for completion.
- 2) Supervisor forwards form to the department head and Human Resources for required signatures and approvals.
- 3) Submit completed form along with a **current job description** to: ohrcmpad@umn.edu. Provide **electronic documents** only. (Scanning the document will not allow the full content to be readable).

A Supervisory Change Request should not be submitted only to provide a salary adjustment to reward a top performer. For other options, please review [merit or in-range adjustments](#).

Employee Information

Employee Name:				Employee ID:	
Current Job Code:		College/Unit:			
Current Job Code Title:		Department:		Dept #:	
Requested Job Code:				Today's Date:	
Requested Job Code Title:			Working Title:		

Reason for Request Describe the reason for request in 3-4 sentences: (such as reorganization, taken on new job duties, due to a vacancy, etc.)

Span of Control

Has formal supervisory responsibilities?	Yes	No
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If yes, does the employee meet supervision requirements ³ ?	Yes	No
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³ Supervision requirements must be one or more direct reports for classification in the Civil Service (CS) employee group or three or more direct/indirect reports for the Professional & Academic (P&A) employee group.

# of University employee direct reports full-time equivalent:		Direct report job codes:	
# of University employee indirect reports full-time equivalent:		Indirect report job codes:	

Please answer the following Supervisory duty questions:

Hiring

Do you have the authority to effectively recommend ¹ which applicants should be interviewed?	Yes	No
<small>¹Effectively recommend means that the employee's recommendation is usually followed</small>		
Do you have the authority to interview applicants?	Yes	No
Do you have the authority to recommend the hire of an applicant?	Yes	No
Are your recommendations usually followed?	Yes	No

Suspend

Can you effectively recommend the suspension of an employee?	Yes	No
Can you write or effectively recommend the substance of a written letter for suspension?	Yes	No

Promote

Do you have the authority to promote an employee (reclassification or hire)?	Yes	No
Have you effectively recommended such a promotion?	Yes	No

Reward

Do you have the authority to grant merit increases or similar salary adjustments?	Yes	No
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Direct Work

Do you train or orient new employees in the performance of their job duties?	Yes	No
Do you have the authority to reject or approve the work of an employee?	Yes	No
Do you have the authority to conduct and/or sign performance reviews as the employee's supervisor?	Yes	No

Assignment of Work

Do you assign work and direct priorities to employees you supervise?	Yes	No
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Transfer

Can you or have you effectively recommended the transfer of an employee?	Yes	No
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Discharge

Can you or have you effectively recommended the discharge of an employee?	Yes	No
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Discipline

Can you or have you issued oral and/or written warnings to an employee?	Yes	No
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Grievances

Do you have the authority to hear grievances on behalf of the University?	Yes	No
Do you have the authority to grant or deny a grievance?	Yes	No

HR Use Only: Does HR and management support the requested supervisory change?

Yes

No

Comments:

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Please type name below to certify that this information accurately reflects this position. Do not sign a printed hard copy.

Employee			
Name:		Email:	Date:
Supervisor			
Name:		Email:	Date:
Department Head			
Name:		Email:	Date:
Human Resources			
Name:		Email:	Date:

For OHR Compensation Use Only:

Date Received:	Due Date:	Reclass #:	Final Decision:	No Change	Approved	
New Job Code Title:				New Job Code:		
New Salary Plan/Grade:			New Hourly Min-Max:			
New Probationary Period:	Yes	No	New Starting Date in Class:	Yes	No	Effective Date:
Reviewed By:				Date Approved:		
Additional Notes:						