This is a fill-in form. Please click on the appropriate area to enter information. Tab between fields and PRINT when completed.

If using Adobe Acrobat Reader you CANNOT e-mail the form -- no data will be included.

State of Wisconsin
Office of State Employment Relations
Division of Merit Recruitment & Selection

RECLASSIFICATION REQUEST

1 ☐ Delegated ☐ Nondelegated	2 Position No./Pool Code	3 Request No.	4 Agency/Employing Unit
5 Employee Name – Last, Jr./Sr., First, Middle Initial			

6 Current Class Code	7 Current Class Title	8 Current Schedule-Pay Range	9 Current FLSA Code
10 Proposed Class Code	11 Proposed Class Title	12 Proposed Schedule-Pay Range	13 Proposed FLSA Code

14 Date began present class	15 Date material effectively received	16 Proposed Effective Date
17 Is this currently a career executive position? ☐ Yes ☐ No	18 Is this incumbent currently a career executive employee? ☐ Yes ☐ No	19 Are you requesting a change in the career executive status of this position? ☐ Yes ☐ No

20 Justification – Attach the facts that warrant the proposed action, along with applicable Position Descriptions and attachments. The analysis must explain how the position has changed logically and gradually and why the employee is eligible for regrade,

-or-

☐ This classification is in an approved progression series.

21 For nondelegated action, OSER completes
☐ Approved
☐ Modified to
_____
☐ Denied – see attached memo

22 Trans Action **03** | **26**	23 Social Security No. √	24 Agency #	25 Appt. #	26 Effective Date	27 Approved Class Code **2004**	28 Emp. Status **2102**

29 New Base Pay **2121** .	30 Base Pay Type **H** **2006**	31 Old Base Pay .	32 Employment Relations Notification Required? ☐ Yes ☐ No

33 Signature of Appointing Authority or Designee Date	34 Signature of Merit Recruitment & Selection Admin./Designee Date
35 Agency HR Analyst Initials _____ Date _____	36 OSER Specialist Initials _____ Date _____

NOTIFICATION REQUIRED – APPEAL RIGHTS Whenever a position classification decision is made by the Director of the Office of State Employment Relations (OSER) or his/her designated representative, the employee and/or the appointing authority shall have the right to appeal. Position classification actions are based upon the duties and responsibilities of the position. If you wish to appeal this action, you must submit a written request to the OSER if this action is nondelegated and the decision is made by the agency or the Wisconsin Employment Relations Commission (WERC) if this action is delegated to the agency or made by the Office of State Employment Relations. The request should state the facts that form the basis of the appeal, the reason or reasons you feel the action is improper, and the relief sought. This appeal must be received by the appropriate department, the OSER or the WERC within 30 days after the effective date of the action or within 30 days after you are notified of the action, whichever is later. If you have any questions on the procedural aspects of filing an appeal, including filing fees, if any, please contact your agency Human Resource Office or the WERC.

OSER-DMRS-37 (Rev. 11/03)

DISTRIBUTION AFTER COMPLETION:

Original – Central Payroll Copies - Employee, Agency, Agency Second Level, Agency Control Copy - OSER/DMRS

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