



REQUEST FOR RECONSIDERATION

UCI Campus

**MUST BE SUBMITTED BY OCTOBER 30, 2020
(OCTOBER 16 FOR THOSE CHANGING PAY FREQUENCY)**

If an employee feels their position was incorrectly mapped, there is a period of reconsideration. Employees have been instructed in their notification letters to contact their manager should they feel reconsideration of their Career Tracks mapping is needed. Requests for reconsideration must be submitted by the manager. This form should not be distributed to employees.

The deadline to submit a request for reconsideration is October 30, 2020. If the FLSA status (and pay frequency) of the employee's Career Tracks job title will be different from their current FLSA status (and pay frequency), the reconsideration deadline will be October 16, 2020 to minimize disruption to the frequency of their pay.

Any changes approved through reconsideration will be retroactive to the original Career Tracks effective date shown in the employee's notification letter under "Your Career Tracks Classification Profile."

Please follow the steps below to submit a reconsideration request for your employee(s):

STEP 1

The employee notifies you that they feel their position was mapped to the incorrect Career Tracks title. If, after the discussion, you support a change to the mapping, confirm support from department leadership as applicable.

STEP 2

Complete Sections I - V in the form below. Complete Section VI only if the position supervises 2 or more career FTE. A single form may be submitted for multiple people with the same job description.

STEP 3

Collect a copy of the employee's up-to-date job description and organization chart. The organization chart for positions that supervise 2 or more career FTE should include all of the positions supervised.

STEP 4

E-mail the following to your department HR representative

- Completed form
- Up-to-date position description
- Org Chart

MANAGER COMPLETES FOR ALL EMPLOYEES

SECTION I: EMPLOYEE INFORMATION	
Name:	Employee ID #:
Department:	
Current classification (payroll title):	
Assigned Career Tracks job title:	

SECTION II: APPROVALS	
STEP 1: Manager Initiating Request	
Name:	Date:
STEP 2: Director or Department Head Approving Request (where applicable)	
Name:	Date:
STEP 3: Vice Chancellor / Dean / Associate Chancellor Approving Request (where applicable)	
Name:	Date:

SECTION III: OTHER EMPLOYEES SHARING THIS JOB DESCRIPTION	
List the first and last name of other employees to be included in this request	
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

SECTION IV: RATIONALE FOR RECONSIDERATION
Please refer to the Career Tracks job standards on the Human Resources site.
Proposed Job Family:
Proposed Job Function:
Proposed Job Level:
Narrative supporting reconsideration request:

SECTION V: PROBLEM SOLVING

Provide 2-3 brief examples of problem solving requirements for the position(s).

Common problems solved by the employee(s):	1.
	2.
	3.
Less frequent and more complex problems solved by the employee(s):	1.
	2.
	3.
Problems/situations that are referred to the employee(s)' supervisor:	1.
	2.
	3.

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COMPLETE FOR MANAGERS AND SUPERVISORS ONLY

SECTION VI: PROBLEM SOLVING

Complete ONLY if incumbent supervises 2+ Career FTE and performs at least 3 of the following:

- Selects subordinates OR participates in interviews and makes hiring recommendations;
- Determines subordinate performance ratings OR recommends performance ratings;
- Decides the amount of subordinate merit increases, selects employees for promotional opportunities, requests position reclassifications, OR recommends these actions;
- Has authority to issue written warnings and suspensions and determines disciplinary actions for subordinates OR recommends such actions;
- Has authority to resolve grievances and complaints OR formulates and recommends a resolution in these instances.

TERMS

RECOMMENDATIONS:

Input that is customarily given substantial weight by management, and typically accepted.

LEAD POSITIONS:

Those responsible for assigning work and reviewing work products, but do not perform at least three of the above functions.

EMPLOYEE SUPERVISED (NAME)	JOB TITLE	FTE (FULL TIME = 1.0)

SUBMIT RECONSIDERATION REQUEST

EMAIL THE FOLLOWING TO DEPARTMENT HR REPRESENTATIVE

- 1. COMPLETED FORM** - incomplete submissions will be returned for completion
- 2. POSITION DESCRIPTION**
- 3. ORG. CHART**