



**UNIVERSITY OF MAINE SYSTEM**  
**HECCP POSITION REVIEW/RECLASSIFICATION REQUEST FORM**

Instructions: The information on this questionnaire will be used to review your current job responsibilities. It will also be used to conduct interviews with you and your supervisor if needed. The answers in Parts I and II and the interview results will form the basis for the position review decision.

Employee: Please complete Part I and then give the form to your supervisor.

Supervisor and department head: Please review the answers in Part I, complete Part II, and forward the form to your campus Human Resources office within twenty (20) working days of receiving it from the employee. Please retain a copy for your records.

---

**PART I – TO BE COMPLETED BY EMPLOYEE**

**Employee Information**

Name \_\_\_\_\_

Department \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Current:

Job Family \_\_\_\_\_

Classification \_\_\_\_\_

Career Level (If any) \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

I request a position review of my current  
(check all that apply)

Job Family \_\_\_\_\_

Classification \_\_\_\_\_

Career Level \_\_\_\_\_

---

## REASON FOR REQUEST

Please summarize, in general, the major duties you currently perform that you think exceed those in your current classification and/or career level .

### A. YOUR DUTIES AND RESPONSIBILITIES:

Please describe the various duties or responsibilities of your job and the approximate amount of time you spend on each. List "Essential Duties" first, followed by "Additional Duties." You may wish to refer to the Class Responsibilities/Essential Duties as outlined in the HECCP Classification Specifications found at <http://www.maine.edu/system/hr/heccp.php>

*Please note:* Total time spent should not exceed 40 hours per week or 100% of time.

Essential Duties	Time Spent Daily	Decisions Required	Do you make final decisions with regard to this duty or responsibility?
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____
9 _____	_____	_____	_____
10 _____	_____	_____	_____

**Additional Duties**

**Time Spent Weekly\***

**Do you make final decisions with  
regard to this duty/responsibility?**

1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

\*(Total time spent  
should not exceed 40 hours  
per week or 100% of time when  
combined with normal daily  
responsibilities)

Please explain how your work is assigned and checked, including who assigns and checks your work, how often you get assignments, how specific are instructions, and how much of your work is checked and how often.

## **B. DECISIONS YOU MAKE**

Please list and briefly describe the types of decisions and judgments you make regularly in performing your duties:

Independent decisions:

Shared decisions:

## **C. YOUR INTERNAL AND EXTERNAL CONTACTS**

If your work involves contact with people outside your department or outside the University, please describe these contacts, including who they are with, what their purpose is, and how frequently they occur.

#### D. SUPERVISION

If you do not supervise others check this box ☐ and skip to section E.

If you do supervise the work of others, please complete the following table by placing a check in the box next to the supervisory task that you perform for a particular category of worker:

	Regular Employees	Temporary Employees	Student Workers
Plan and assign work			
Check work			
Train			
Conduct and sign performance review			
Hire			
Participate in or make recommendations about:			
Hiring	_____	_____	_____
Discipline	_____	_____	_____
Promotion	_____	_____	_____
Performance review	_____	_____	_____

**E: OTHER INFORMATION YOU WOULD LIKE TO PROVIDE** - In the space below please provide any other information or comments about your job that should be considered:

Employee signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date submitted to supervisor: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART II – TO BE COMPLETED BY SUPERVISOR and DEPARTMENT HEAD**

The supervisor and department head must complete Part II within ten (10) working days of receipt of the employee request and forward the form to the campus HR office.

**Supervisor - Check the applicable box:**

- ☐ I agree with the information provided by the employee in Part I
- ☐ I disagree with the following information provided by the employee in Part I for the following reasons:

Supervisor signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Department head/next level administrator – Check the applicable box:**

- ☐ I agree with the supervisor's comments above
- ☐ I disagree with the supervisor's comments above for the following reasons:

Department head signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The supervisor or department head should inform the employee of their input and give a copy of the completed form to the employee, the appropriate Vice President or other senior administrator, and the Campus Human Resources office.

Date sent to campus HR: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

### PART III – CAMPUS HUMAN RESOURCES OFFICE DECISION

The campus HR office must respond within twenty (20) working days of receipt of the appeal from the department head.

Employee Name: \_\_\_\_\_

Job Family: \_\_\_\_\_

Classification: \_\_\_\_\_

Career Level if applicable: \_\_\_\_\_

Date appeal received from employee: \_\_\_\_/\_\_\_\_/\_\_\_\_

***I have thoroughly reviewed the materials pertaining to your appeal and, for the reasons cited below, find that:***

- A. \_\_\_\_\_ Your position is assigned to the appropriate job family, job classification, and career level.
- B. \_\_\_\_\_ The job family, job classification and/or career level for your positions is incorrect and will be changed accordingly as follows.

New Job Family: \_\_\_\_\_

New Job Classification: \_\_\_\_\_

New Career Level: \_\_\_\_\_

Rationale for Decision

Respectfully submitted by:

\_\_\_\_\_  
*Campus HR Representative*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

---

*Campus HR sends copy to employee, employee’s supervisor/department head, and appropriate vice president.*