

CITY OF STEVENS POINT

PERSONNEL COMMITTEE AGENDA

Monday, April 11, 2016 – 6:00 p.m.

Lincoln Center – 1519 Water Street

[A quorum of the City Council may attend this meeting]

Discussion and possible action on:

1. Amendment to Administrative Policy 2.05.
2. Adjournment.

Any person who has special needs while attending this meeting or needs agenda materials for this meeting should contact the City Clerk as soon as possible to ensure a reasonable accommodation can be made. The City Clerk can be reached by telephone at (715) 346-1569 or by mail at 1515 Strongs Avenue, Stevens Point, WI 54481.

Copies of ordinances, resolutions, reports and minutes of the committee meetings are on file at the office of the City Clerk for inspection during normal business hours from 7:30 a.m. to 4:00 p.m.



April 6, 2016

MEMORANDUM

TO: Personnel Committee Members

FROM: Lisa Jakusz, City Personnel

RE: April, 2016 Personnel Agenda

The amendment to Administrative Policy 2.05 was approved by the Personnel Committee in March and as a result of discussion at the Council level, referred back for further review.

Following the March City Council Meeting, I met with Alderpersons Kneebone and Johnson and discussed their concerns and the intent behind the policy. Subsequently, Mayor Wiza invited Department Heads to meet to review the policy. What is included in the packet encompasses discussions had with these groups along with the suggestion Alderman Patton made during the City Council meeting.

As always, please feel free to contact me if you have any questions relating to the agenda or its attachments.

Thank you!

**** CITY OF STEVENS POINT ****
ADMINISTRATIVE POLICY

Policy Title: Position Reclassifications

Policy No. 2.05

Date of Issuance: December 18, 1989

Revision Date:

Description: The purpose of this policy is to explain the procedure for submission and review of job reclassification requests for ~~both union and management positions~~ positions covered under the City's pay plan. **More of the "same level of work" is not a basis for reclassification, but rather new work of a higher level of responsibility shall be demonstrated.**

Department reorganizations are not a part of this process.

1. Union Personnel

A request for reclassification may be initiated by (1) the employee, with department head ~~concurrence~~ **approval**; (2) the supervisor or department head; or (3) the Personnel Committee in the following manner.

A. Requests are to be submitted to the City ~~Personnel~~ **Human Resource Manager** by ~~May 15~~. **A list of positions seeking a reclassification will be provided to the Personnel Committee after this deadline a request is submitted to Personnel.**

B. ~~All requests for reclassification of union personnel should include a current job description, organizational chart for the appropriate work unit, a recommended classification, reason for the reclassification request, and an indication of other positions performing comparable work.~~

~~All requests for reclassification should include a current~~ **must be supported with a substantial change in job duties and responsibility since the last review of the position. Requests will include: an updated job description, organizational chart for the appropriate work unit, a recommended pay grade, reasons for the reclassification request, and an indication of other positions performing comparable work, and a completed Classification Review Request Form. The immediate supervisor and Department Head must complete and sign the "review" page of the form.**

C. ~~Job audits~~ **Reclassification review and recommendation** will be completed by the City ~~Personnel~~ **Human Resource Manager** by ~~September 1~~ **within 120 days of**

receiving the request.

- D. Final recommendations, including fiscal impact, will be presented to ~~the Mayor a sub-committee comprised of the Mayor, Comptroller/Treasurer, Personnel Committee Chairperson, Human Resource Manager and affected Department Head for consideration.~~ **Those approved by the Mayor sub-committee will be presented to the Personnel Committee for consideration. at their regular September meeting.**
- E. ~~As stated in union contracts, any reclassification and/or pay increase approved will be effective July 1 of the year initiated.~~ **Approved reclassifications will be effective January 1 of the upcoming year the first pay period after council approval unless otherwise approved stipulated by the City council.**

2. Management Personnel

~~_____ A request for reclassification of management personnel may be initiated by the Mayor, department head or Personnel Committee in the following way.~~

~~_____ A. _____ Requests are to be submitted to the City Personnel Manager by July 1.~~

~~B. All requests for reclassification should include a current job description, organizational chart for the appropriate work unit, a recommended pay grade, reasons for the reclassification request, and an indication of other positions performing comparable work.~~

~~_____ C. _____ All requests will be reviewed by the Mayor for initial approval.~~

~~_____ D. _____ Job audits will be completed by the City Personnel Manager by August 1.~~

~~_____ E. _____ Final recommendations, including fiscal impact will be presented to the Personnel Committee for consideration at their regular September meeting.~~

Note: "More of the same level of work" is not a basis for reclassification, but rather new work of a higher level shall be demonstrated before the Human Resource Manager, Mayor and Personnel Committee will consider a reclassification request.

Classification Review Request Form

Your Name: _____

Your Supervisor's Name: _____

Your Division: _____

Your Department: _____

Your Current Classification: _____

My job has changed since the Pay Plan Study

Requested Classification: _____

Please specify why you believe the requested grade is more appropriate for your position than the current classification. Relate duties you perform to the grade for the requested classification:

Use additional sheets if necessary

Employee Signature / Typed Name	Date

Employee: Complete and forward this form to your immediate supervisor for review and comment. Your supervisor will review your request, make comments and forward to your department head. Your department head will review your request, make comments as appropriate and then forward it to the Personnel Department. ~~no later than~~ **May 15th**. Reclassification Requests must include the immediate supervisor and department head comments and signatures.

Immediate Supervisor Comments

- I agree with the employee's review request.
- I disagree with the employee's review request.

Reason/comment:

Immediate Supervisor Signature / Typed Name

Date

Immediate Supervisor: Complete and forward this form to your Department Head. The Department Head will review this request and make changes as appropriate. Please note that all appeals must be forwarded to the department head ~~no later than May 15th~~.

Department Head or Designee Comments

- I agree with the employee's review request.
- I disagree with the employee's review request.

Reason/comment:

Department Head Signature / Typed Name

Date

Department Head: Complete and forward this form to the Employee Resources Department. The Employee Resources Department will review this request and make changes as appropriate. Please note that all review requests must be filed with the Personnel Department ~~no later than~~ May 15th.