## KSU College of Veterinary Medicine Instructions for FY18 Employee Responsibility Change Summary Form

This form should be completed by the employee and supervisor to determine if a reclassification request is necessary or if another avenue may be more appropriate. For this fiscal year, reclassification requests are accepted through October 31, 2017 and will not be accepted again until February 1 through March 15, 2018.

- ➤ Input Position Number of employee, Employee Name and Current Job Title.
- ➤ In the space provided, summarize only the duties that have been <u>added</u>, <u>deleted or changed</u> since the position was last reviewed. Keep the following questions in mind while completing the form:
  - Has employee become a supervisor of staff?
  - Has the percentage of time of the employee's duties changed significantly?
  - Was there a permanent or significant change in duties not a special project or short-term assignment?
  - Is the duty added, deleted or changed substantially different in complexity and responsibility?

If the answer to any of these questions is "yes," please complete the form to the best of your ability and submit to Human Resources in 102 Trotter after the employee and supervisor have signed.

## **KSU College of Veterinary Medicine**

## **Employee Responsibility Change Summary**

Position Number:			
nployee Name:			
ırrent Title:			
Briefly summarize the duties and responsibilities of the position that have changed or been added since the most resolution review. Assign percentages of time for each additional duty.			
Employee	Date	Supervisor	Date
pon completion, submit to H	luman Resources, 102 Tr	otter, for review	
Review:	Reclassification Review	☐ Insufficient Changes to Justify Review	
Human Resources	Date	Department Head	Date