## technical officer classification assessment template

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| Title of duties to be assessed: | Work area: |
| Classification of new duties or Reclassification (initiated by either line manager or employee)?:  | Date of Reclassification application:  | Date assessment commenced: |
| Statement of primary purpose and main objectives of the duties: |
| Recognised qualification required:If Technical Officer Unqualified (TGO0), state that educational standards for entry have been met: |
| Insert the Work Level Definitions statements in full for the proposed Work Level: |
| List the information sources and evidence utilised in this assessment: |
| Was discipline specific expertise utilised where necessary in the assessment process? If so, provide following details: |
| Name: | Title: | Professional/Technical qualification(s): |

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| Evidence based statements of the nature of the actual duties, as they are being carried out (or substantive statements of agency intent, where they are yet to be carried out) | Assign and state the appropriate stream Functional Characteristic and Work Level Definition statement and/or against each statement of actual duties, having regard to the requirement to test against more than one classification level. | Assign the classification level for each Work Level Definition statement cited. | Comment/explanation if required |
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| Summarised preliminary classification assessment, including proposed classification Level (i.e. a reasonable, well rounded classification judgement about the overall responsibilities and value of the corporate contribution):  |
| Substantiate/justify any divergence between preliminary assessment and Work Level Definitions, in particular address where the work value/level attributed to individual duty statements differs from the proposed classification level:  |
| Classification level recommended to decision maker: | Supporting information used in assessment attached: |
| Assessor’s Name: | Title: | Signature: | Date: |

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| If this is a Reclassification, has the applicant (line manager or employee) been provided with the completed template and Recommendation, prior to decision?: Date: |
| Duties classification Level: | Approved/ Not Approved |
| Decision maker’s name: | Title  | Signature: | Date: |