## administrative services classification assessment template

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| Title of the 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: |
| 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: | Qualifications/discipline experience: |

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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 Work Level Characteristic(s) or Work Level Definition statement against each statement of actual duties:* Knowledge and Experience
* Responsibilities
* Environment
* Work Level Definition statement; and
* having regard to the requirement to test against more than one classification level
 | Assign the classification level for each Work Level Characteristic(s) or 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):  |
| If the preliminary classification assessment (above) is not accepted, 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: |
| Classification level of the duties: | Approved/ Not Approved |
| Decision maker’s name: | Title  | Signature: | Date: |