## 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: |