

 <div>COOK COUNTY HEALTH & HOSPITALS SYSTEM</div> <div>CCHHS</div>		<div>COOK COUNTY HEALTH & HOSPITALS SYSTEM</div> <div>EMPLOYMENT PLAN - SUPPLEMENTAL POLICIES</div>	
<div>POLICY TITLE: RECLASSIFICATION OF POSITIONS</div>		<div>PAGE 1 of 1</div>	
<div>Date of Approval:</div> <div>06-10-2016</div>	<div>Policy Number: 02.01.11</div> <div>Associated Personnel</div> <div>Rule: 2.08</div>	<div>Policy Form:</div> <div>Reclassification</div> <div>Request Form</div>	
<div>Effective Date:</div> <div>10-17-2017</div>			

PURPOSE: To set forth the process for conducting a Reclassification of (1) a Position, (2) a series of Positions, or (3) a group of different Positions whose principal job duties are substantially equivalent.

AREAS/EMPLOYEES AFFECTED: This Policy applies to all Departments and all Employees. If any provision in this Policy conflicts with a specific provision in any CBA or the Plan, the provision in the CBA or the Plan, as and if applicable, shall govern provided it does not permit or involve the use of any Unlawful Political Contact or Unlawful Political Discrimination. If any provision in this Policy conflicts with a specific provision in the Plan, the provision in the Plan shall govern.

POLICY AND PROCEDURE: Positions may undergo Reclassification in accordance with the CCHHS Personnel Rules and the following procedure:

No Political Reasons or Factors. All Reclassifications must be done in accordance with this Policy, the CCHHS Personnel Rules, and the Plan, as and if applicable. No Employment Action relating to the Reclassification of a Position or Positions or affecting an Employee holding a Position may be based on any Political Reasons or Factors.

Conditions for Reclassification. A Position, a series of Positions, or a group of different Positions, the principal job duties of which are substantially equivalent, may be reclassified to a lower or higher classification in the event the duties of the Position(s) have diminished, increased or otherwise changed due to circumstances not related to the performance or identity of any individual holding the Position(s). Such circumstances include, but are not limited to, reorganization, layoff, and technological changes that materially affect the job duties or responsibilities of the Position(s). A request for the Reclassification of a specific Position(s) may not be submitted more than once in any 12-month period.

Reclassification Procedure. Department Heads seeking the Reclassification of a Position or Positions must complete a Reclassification Request Form and submit it to the Chief of Human Resources or his or her designee. The request must include: (1) a list of the Position(s) proposed for Reclassification; (2) the name(s) and grade(s) of the Employee(s) and Position title(s) for the Position(s) proposed for Reclassification; (3) identification of the Position title and grade of the reclassified Position(s), if known by the Department Head; (4) the basis or bases for the requested Reclassification, including, but not limited to, the specific job duties of the Position that have changed, a list of the duties the new Position, and an existing or proposed organization chart of the Department; (5) copies of the current and proposed Job Descriptions for the Position(s); and (6) a NPCC.

DHR Procedures Upon Receipt of a Reclassification Request. The Chief of Human Resources or his or her designee shall independently review the proposed Reclassification Request Form and related documents to determine whether the Reclassification is justified. For Reclassifications affecting a Non-Union Position, DHR will conduct a market study, if necessary, with consideration given to the timing and accuracy of any prior market study on file. The Chief of Human Resources or his or her designee shall conduct a Desk Audit of the Position and as needed will ask the Department Head to provide additional information. Any Desk Audit involving a Reclassification must be conducted in accordance with the Desk Audit Policy.

Approval/Denial of Reclassification Request. Upon completion of the review and Desk Audit, the Chief of Human Resources or his or her designee shall send written notification of his or her determination to the Department Head, with copies to the EPO and the CA, while acting. All approved Reclassification requests will be contingent on funding approval from the Budget Department. Any grade, title and compensation changes applicable to an approved Reclassification will be implemented by DHR in accordance with this Policy, the CCHHS Personnel Rules and the Plan.

NPCC. All Employees reclassified pursuant to this Policy and all employees participating in any Reclassification of a Position or any Employment Action relating to it must sign a NPCC.

RECLASSIFICATION OF POSITIONS FORM

Policy Number: 02.01.11



RECLASSIFICATION REQUEST FORM

Date: _____

Department: _____

Reclassification of the following position(s) is requested:

JOB CODE	JOB TITLE	GRADE	INCUMBENT

Describe in detail the basis of the request for Reclassification:

(Please include: specific job duties that have changed a list of job duties of new position, an organization chart, and the suggested Position Title and Grade that the position should be re-classed to).

(A copy of the current and proposed job description must be attached.)

Additional information in support of this request:

I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCHHS employment or hiring upon or because of any Political Reason or Factor as defined in the Employment Plan or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is so prohibited. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any Employment Actions taken with respect to the above Interim Assignment or the employment or hiring process. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Employee Print Name: _____ Signature: _____

Title: _____ Date: _____



DEPARTMENT OF HUMAN RESOURCES DETERMINATION

Date: _____

To: _____
Department Head

Cc: _____
Employment Plan Officer

From: _____
Chief of Human Resources

Disposition of Request for Interim Approval/Extension of Interim Assignment:

Approved _____ Denied _____

CHIEF OF DEPARTMENT OF HUMAN RESOURCES CERTIFICATION

I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCHHS employment or hiring upon or because of any Political Reason or Factor as defined in the Employment Plan or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is so prohibited. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any Employment Actions taken with respect to the above Interim Assignment or the employment or hiring process. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Signed: _____ Print name: _____

Title: Chief of Human Resources

Date: _____