

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 01/24

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I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall offer a procedure which provides management and all staff members a process by which to ask for a review of current job duties of a particular position and consideration for placement of the position into a different grade.

III. DEFINITIONS:

- A. Rating Committee: Generally the committee will consist of the Local 3385 President and one (1) other Local 3385 representative, to be mutually agreed upon by management and the Local 3385 President, when a Local 3385 position; the Chapter 20 Chairperson and one (1) other Chapter 20 representative, to be mutually agreed upon by management and the Chapter 20 Chairperson when a Chapter 20 position; two (2) management representatives, and the HR Committee (less the Executive Director).
- B. Review of Job Grade Level: The evaluation process of a position, which may result in a grade change or a change in responsibilities.

IV. STANDARDS:

- A. The process of review will be consistent and unbiased, and will be completed by a Rating Committee. Timeframes for review and response will be adhered to, whenever possible, and notification regarding outcome will be done in a timely manner.
- B. Supervisors will not regularly assign job tasks outside of an employee's classification to a level that exceeds 50% of the employee's time. It is understood that there may be times when, due to various circumstances, an employee is assigned a higher level task (e.g. covering for another employee's vacation, a task has a short timeline, or a supervisor is gauging capabilities for succession planning).
- C. Requests for review must be submitted in writing and include rationale for the request.

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- D. The HR Labor/Employee Relations Manager/Designee will schedule the Rating Committee Review, whenever possible, within 2 weeks of receipt of the request for review.
- E. The Rating Committee will use the same rating tool for all reviews.
- F. Review results will be finalized and the person(s) requesting the review will be notified within 30 days, unless there are extenuating circumstances requiring further consideration.
- G. When a position has been reviewed, it will not be reviewed again for two (2) years unless there is significant change in job duties or Functional Job Task List, regardless of whether the request was granted or denied. However, management, at its sole discretion, can review any position at any time, using the committee.
- H. In no way does this administrative procedure change, deplete or supersede any management or union rights outlined in both union contracts.

V. PROCEDURES:

Staff

1. Submits written Request for Review of Job Grade Level (Exhibit A) to their immediate supervisor to obtain support prior to forwarding to Labor/Employee Relations Manager. In order to be considered, actual time spent on job tasks being reviewed for potential upgrade must exceed 50% of employee's time.

Supervisor

2. Reviews and either supports/forwards Request for Review of Job Grade Level to Labor/Employee Relations Manager, requesting a rating review, or returns to employee with rationale for non-support.

Staff

3. Re-submits, if request is not supported, to Labor/Employee Relations Manager for review at Human Resource Committee Meeting.

Rating Committee

4. Reviews all requests with the same rating tool and calculates total score to determine level within the job grade system and submits recommendation to Chief Executive Officer/designee.

Chief Executive Officer

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5. Reviews rating committee's recommendation and indicates either approval or denial, along with rationale for denial.

Labor/Employee Relations Manager/Designee

6. Notifies employee, in writing, of final decision.

VI. REFERENCES:

None Available

VII. EXHIBITS:

- A. Request for Review of Job Grade Level

VIII. REVISION HISTORY:

Dates issued 06/06, 06/08, 06/10, 05/12, 09/13, 11/14, 11/15, 11/16, 11/17, 05/18, 11/18, 01/20, 01/21, 01/22, 07/22, 01/23.



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Request for Review of Job Grade Level

Name of person requesting review/reclassification: _____

Date of request: _____

Rationale (attach additional documentation if needed):

Signature of Supervisor _____ Support Obtained on (date): _____

Signature of Division Director and/or Chief Operating Officer _____ Support Obtained on (date): _____

Date Reviewed by Rating Committee: _____

Recommendation to Management:

Approve (why): _____

Deny (why): _____

Chief Executive Officer Review:

Approval Date: _____ Effective Date: _____

Denial Rationale: _____

Denial Date: _____

Chief Executive Officer/Designee Date

- Cc: Personnel File –Original
- Appropriate Division Director
- Staff requesting review/reclassification
- Local 3385 President (as appropriate)
- Union Chairperson Chapter 20 (as appropriate)