A9.260 PROCEDURES FOR MAINTENANCE OF THE EXECUTIVE AND MANAGERIAL CLASSIFICATION SYSTEM

1. Purpose

The purpose of this procedure is to maintain the classification system for Executive and Managerial positions of the University in accordance with Section 9-2 BORP, Classification Plans and Compensation Schedules, and Appendix 9-14 BORP, Executive and Managerial Personnel Policies.

2. References

a. Section 76-16(11) H.R.S.
b. Section 304-13 H.R.S.
c. Section 9-2(a), BORP
d. Administrative Procedure A9.070, Executive/Managerial Personnel Policies
e. Administrative Procedure A9.485, Filling of Vacant Position
f. Administrative Procedure A9.620, Recruitment and Reassignment of Executive and Managerial Personnel
g. Executive Policy E9.202, Management Development and Evaluation

3. Objective

a. To delineate the conditions under which classification requests should be submitted.
b. To provide guidelines and procedures for submitting the classification requests.
4. Applicability/Responsibility

These procedures apply to all Executive and Managerial personnel of the University.

a. Senior Vice Presidents or University administrators are responsible for reviewing and recommending actions on the classification requests and funding authorizations.

b. The University Budget Office reviews executive and managerial position requests.

c. The University Office of Human Resources evaluates the classification requests and submits recommendations to the President, as required.

5. General Guidelines

a. A Position Description should be prepared and submitted for classification study:

1) When a new position is to be established.

2) When there have been significant changes in the duties and responsibilities of a position.

3) When the duties and responsibilities of a position have changed as a result of reorganization.

b. The University Office of Human Resources will recommend classifications or reclassifications of positions to the President, as required, and notify the affected individuals through administrative channels. Classification actions will fall in one of the following categories:

1) New Class. If the duties and responsibilities are so unique as not to fit into or be compatible with those of any established class, it may be necessary to create a new class. New Executive (E) classes require the Board of Regents’ approval. New Managerial (M) classes require the President's approval.

2) Reclassification. If the updated duties and responsibilities warrant reclassification to an Executive (E) class, the Board of Regents approves the action. Reclassification to existing Managerial (M) classes are approved by the President.
3) Revised Specification. If the new duties and responsibilities are generally compatible with those of the class but should be reflected in the class specification, an appropriate revision shall be made to the class specification subject to approval. The revision will be sent to the designated holders of the Executive and Managerial Classification and Compensation Plan.

4) No Change. If the new duties and responsibilities are compatible with and adequately reflected in the class specification, a "no change" action shall be taken.

6. Classification Procedures

   a. Submit the following documents to the University Office of Human Resources via the appropriate Senior Vice President or University Administrator and University Budget Office.

      1) SF-1, Request for Position Action
          (2 copies)(Attachment 1, available on OHR Home Page)

      2) Form 63, Executive and Managerial Position Description
          (2 copies)(Attachment 2, available on OHR Home Page)

      3) Official organization chart (2 copies)

      4) Recommendation of the Senior Vice President or University Administrator as to classification title and salary range assignment.

   b. New Positions: Submit documents via appropriate Senior Vice President or University Administrator and University Budget Office.

   c. Existing Positions: Submit documents via appropriate Senior Vice President or University Administrator and University Budget Office.

   d. Position work assignments must be in accordance with the approved organization charts and function statements. Any changes to the charts or functions must be submitted for approval in accordance with A3.101.
REQUEST FOR POSITION ACTION

REQUESTING COLLEGE, DIVISION/DEPARTMENT, PROGRAM:

1. TYPE OF ACTION REQUESTED
   - 1. ESTABLISHMENT OF NEW POSITION
   - 2. REDESCRIPTION OF POSITION FOR REVIEW
     - IDENTICAL TO POSITION NO. __________
   - 3. CONTINUATION OF TEMPORARY POSITION
   - 4. FILLING OF ESTABLISHED POSITION VACANCY
   - 5. FILLING POSITION TEMPORARILY NTE __________
   - 6. NOTICE OF ABOLISHMENT OF POSITION

2. TYPE OF POSITION
   - 1. PERMANENT
   - 2. TEMPORARY NTE __________
   - 3. TEMPORARY TO PERMANENT

3. POSITION CONTROL
   - 1. WITHIN AUTHORIZED CEILING
   - 2. BEYOND AUTHORIZED CEILING
   - 3. NO CEILING

4. FUNDS AVAILABLE
   - 1. GENERAL
   - 2. SPECIAL
   - 3. FEDERAL
   - 4. REVOLVING
   - 5. TRUST
   - 6. (Indicate details in space provided for justification)

5. POS. NO. 6. POSITION TITLE


12. ACCOUNT CODE 13. PERCENT 14. TIME AUTH.

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JUSTIFICATION FOR ABOVE REQUESTED ACTION (Attach additional sheets if more space is required)

__________________________ ____________________________
DATE SIGNATURE OF DEAN, DIRECTOR OR DESIGNEE

APPROVED DISAPPROVED RECOMMENDATIONS:

__________________________ ____________________________
DATE SENIOR VP, CHANCELLOR, VP OR DESIGNEE

APPROVED DISAPPROVED REMARKS:

__________________________ ____________________________
DATE DIRECTOR OF UNIVERSITY BUDGET
(FOR EXECUTIVE/MANAGERIAL POSITION REQUESTS ONLY)

APPROVED DISAPPROVED REMARKS:

__________________________ ____________________________
DATE PRESIDENT, UNIVERSITY OF HAWAII, OR DESIGNEE

REMARKS:

__________________________ ____________________________
DATE SYSTEM DIRECTOR OF HUMAN RESOURCES
UNIVERSITY OF HAWAI‘I, Excluded  

EXECUTIVE / MANAGERIAL  
POSITION DESCRIPTION  

Position No.: ____________  

Allocation:  

Effective Date: ____________  
BU: ________  
Classifier: ____________  
Date: ____________  
FOR OHR USE ONLY  

1. Name: Last Name  
First  
Middle Initial  

4. Campus  

2. Title of Position  

5. College/Office  

6. Department  

3. Reports to (Name, Title, Position No.):  

7. Section  

8. Unit  

9. Attach the following:  

a. Detailed description of the duties and responsibilities and the percentage of time allotted to each group of duties. Include the kind and extent of authority vested in the position for decision making and for directing or controlling activities.  

b. List names, class titles and position numbers of all immediate subordinate positions.  

c. Description of the nature and extent of guidance and direction received.  

d. Description of the nature and extent of the check or review of work.  

e. Description of the contacts with other departments or University organizations, with outside organizations, and with the general public.  

10. Statement to be attached by supervisor (optional):  

a. If description was prepared by employee, state any exceptions or additions. These should be resolved and communicated to the employee.  

b. What do you consider the most important duties of this position?
11. Qualification Requirements. Indicate the qualifications which you think should be required in this position. Keep the position itself in mind rather than the qualifications of the individual who may occupy it.

<table>
<thead>
<tr>
<th>Essential Qualifications</th>
<th>Desirable Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education: general, special or professional</td>
<td></td>
</tr>
<tr>
<td>Experience: quantity &amp; quality</td>
<td></td>
</tr>
<tr>
<td>Licenses, certificates, or registration:</td>
<td></td>
</tr>
<tr>
<td>Special, knowledge, abilities, and skills:</td>
<td></td>
</tr>
</tbody>
</table>

12. CERTIFICATION: I certify that the foregoing information is accurate and complete.

Employee’s Signature ___________________________ Date ________________

Supervisor’s Signature ___________________________ Date ________________ Reviewing Officer’s Signature ___________________________ Date ________________

(Senior Vice President, Vice President, Dean, Director, Provost)

Attachments: Description of Duties and Responsibilities
Table of Organization
Supervisor’s attachment (optional)