**REALLOCATION/REBANDING EXCEPTION**

Date: Click here to enter date

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: | Click here to enter | Dept/Div/Br: | Click here to enter |
| Position No.: | Click here to enter | New Job Title: | Click here to enter |
| Job Title: | Click here to enter | New Job Code: | Click here to enter |
| Job Code: | Click here to enter | Effective Date: | Click here to enter date |

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| **Reallocation/Rebanding Upward:** | | | Permanent | | Temporary Period: From Enter date To Enter date | | |
| Current Band, SR & Step: | Click here to enter | | | Proposed Band, SR & Step: | | Click here to enter | |
|  |  | | | Base Pay Standard Reall./Rebanding: | | $ Click here | |
|  |  | | | Proposed Exceptional Amount: | | $ Click here | S# Step(s) or % for Band D Click here |
| Current Monthly Base Pay: | | $ Click here | | New Base Pay (Standard + Exception): | | $ Click here | |
| SD (if applicable): | | $ Click here | | SD (if applicable): | | $ Click here | |
| Total Compensation (TC): | | $ Click here | | Total Compensation (TC): | | $ Click here | (Shall not exceed the SR max) |
| Total In-band(s) (if any): | | $ Click here | | Total In-band(s) (if any): | | $ Click here | |
| Total Salary (TC + In-band(s)): | | $ Click here | | New Total Salary (TC + In-band(s)): | | $ Click here | (Shall not exceed the in-band max) |

Please provide a position description reflecting the increased scope and complexity of assigned duties and responsibilities.

Required justification to support the exceptional adjustment: (Please see Attachment H – Guidelines for Exception Beyond Standard Reallocation or Rebanding Compensation)

Education, Training, Certification and/or License

* Describe any additional subsequent relevant education, training, certifications beyond the minimum and/or desirable education/training requirements. Click here to enter

Relevant Experience, and Increases Knowledge, Skills and/or Abilities

* Describe the quality of demonstrated relevant experience, knowledge, skills and/or abilities and how they exceed the minimum and desirable qualifications. Describe the link between the relevant experience, knowledge, skills and/or abilities, and the subject position’s duties relative to increased productivity or benefits to the unit/program/department/State. Click here to enter

Other Relevant Factors

* Consider such factors as value of the job in the industry, degree of specialization, need of the State to the overall benefit of the work unit/program/department, etc. Click here to enter

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**Certification/Recommendation:**

*I certify that the program can accommodate the additional funding associated with this request within its existing budget. The additional funding required can be covered in future budgets without an increase in the level of funding.*

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| Click here to enter\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Click here to enter date |
| Name of Supervisor/Manager | Signature | Date |

|  |  |  |
| --- | --- | --- |
| Click here to enter\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Click here to enter date |
| Name of Division Administrator | Signature | Date |

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| --- | --- | --- |
| ***Departmental Personnel Office:*** | | |
| Recommend Approval | | |
| Recommend Approval with Changes | New recommended SR, Step, Monthly Rate: | Click here to enter |
| Approval not Recommended | | |

Comments: Click here to explain

|  |  |  |
| --- | --- | --- |
| Click here to enter\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Click here to enter date |
| Name of DPO | Signature | Date |

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| ***Director/Appointing Authority:*** | | |
| Approved | | |
| Approved with Changes | New recommended SR, Step, Monthly Rate: | Click here to enter |
| Not Approved | | |

Comments: Click here to explain

|  |  |  |
| --- | --- | --- |
| Click here to enter\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Click here to enter date |
| Name of Director/Appointing Authority | Signature | Date |

***Reminder:*** *Please forward a copy of the Reallocation/Rebanding Exception request to DHRD Compensation, and to HGEA if the employee is included for information and record-keeping purposes.*

***Note:*** *For reallocation/rebanding with standard compensation adjustments, the department’s standard procedures shall be followed.*