**REALLOCATION EXCEPTION FORM**

Date: Click here to enter date

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| --- | --- | --- | --- |
| Employee Name: | Click here to enter | Reallocation From (Job Title/Code): | Click here to enter |
| Dept/Div/Br: | Click here to enter | Reallocation To (Job Title/Code): | Click here to enter |
| Position Number: | Click here to enter | Effective Date: | Click here to enter date |

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| **Reallocation Upward:** | Permanent | | Temporary | | From Enter date To Enter date | | | |
| Current Subzone: | | Click here | | New Subzone: | | | | Click here |
|  | |  | | Monthly Base Pay Standard Reallocation: | | | | $ Click here |
|  | |  | | Proposed Reallocation Exception: | | % \_\_\_ | Amount: | $ Click here |
| Current Monthly Base Pay: | | $ Click here | | ***Proposed Base Pay*** *(Standard + Exception Amount):* | | | | **$ Click here** |
| SD (if applicable): | | $ Click here | | SD (if applicable): | | | | $ Click here |
| Total In-band(s) (if any): | | $ Click here | | Total In-band(s) (if any): | | | | $ Click here |
| **Total Salary:** | | **$ Click here** | | **Total Salary** (Base Pay + SD + In-band(s)):  (Shall not exceed the subzone maximum) | | | | **$ Click here** |

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 Guidelines for Exception Beyond the Standard Reallocation Compensation on the next page)

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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| Name of Supervisor/Manager | Signature | Date |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Division/Administrator | Signature | Date |

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| --- | --- |
| ***Departmental Personnel Office:*** | |
| Recommend Approval | |
| Recommend Approval with Changes | New recommended monthly rate: \_\_\_\_\_\_\_\_ |
| Approval not Recommended | |

Comments: .

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of DHRO | Signature | Date |

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| ***Director/Appointing Authority:*** | |
| Approved | |
| Approved with Changes | New recommended monthly rate: \_\_\_\_\_\_\_\_ |
| Not Approved | |

Comments: .

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| Name of Director/Appointing Authority | Signature | Date |

*Reminder: Please forward a copy of the Reallocation Exception request to DHRD Compensation, and to HGEA (included employees only).*

*Note: This form is used for reallocation upward with exception only. Department’s standard procedures shall be followed for reallocations with standard compensation adjustment.*

**Guidelines for Reallocation Exception**

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| **Criteria** | **Guidelines for Exception Beyond the Standard Reallocation Compensation** | | |
| **4%** | **8%** | **12% or More** |
| Education, Training, Certification and/or License | Official transcripts, current license, current certifications, etc. that exceed the MQs and are related to the job. | Official transcripts, current license, current certifications, etc. that significantly exceed the MQs and are related to the job. | Official transcripts, current license, current certifications, etc. that far exceed the MQs and are related to the job. Nature of such education, training, certification or licensure is deemed to be essential to the department/State and is of paramount priority. |
| Relevant Experience, Knowledge,  Skills and/or  Abilities | Job related experience, training, knowledge, skills and/or abilities that exceed the MQs and are related to the job. Significant and direct contributions in the attainment of program goals, objectives and positive outcomes and in the creative solutions to difficult problems. An indicator that the individual will far exceed performance expectations and be highly successful in the job. | Job related experience, training, knowledge, skills and/or abilities that significantly exceed the MQs and are related to the job. Significant and direct contributions in the attainment of program goals, objectives and positive outcomes and in the creative solutions to difficult problems. An indicator that the individual will dramatically exceed performance expectations and make significant contributions to the attainment of broad program goals in the department. | Job related experience, training, knowledge, skills and/or abilities that far exceed the MQs and that the possession of the depth, breadth and quality of work experience is essential to the department/State and is paramount of priority. |