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# Documentation of Career Development – **Classification Change**

## Complete Directions for Form available at: <http://hr.uiowa.edu/career-development/form-instructions>

## Section 1 – Demographics (Employee and/or Supervisor)

Employee Name:       Current Classification/Job Code:

Department:       Supervisor:

Initiated by:       Date Initiated:

## Section 2 - Scope/Responsibilities (Employee and/or Supervisor)

Please list the six most important activities that are performed. If the duty is new since the last time the employee/position was classified, please indicate so and note the % of effort for the new work. Identify the Key Areas of Responsibilities (KAR) for those six activities and the classification associated with it (which may be the current classification or another one). Identify the total or overall amount of time spent in performing each activity. The percentage of time cannot exceed 100%, however, the percentage of time can be less than 100% because we are only asking for the top six most important activities. The new duties should be performed for an appropriate period of time that is sufficient enough to evaluate the employee’s performance and continuing success in the role. The period of time necessary for evaluation is at the discretion of the college/division. Examples of completed Documentation of Career Development Forms are found at <http://hr.uiowa.edu/career-development/form-instructions>.

| Position Specific Duties | Is this a new duty? | Key Area of Responsibility | Classification | Overall or Total % of Effort |
| --- | --- | --- | --- | --- |
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## Section 3 – Employee Recommendation for Job Classification/Career Development (Only If Employee Initiated)

Which job classification (may be current or different) do you feel best matches the changes documented on this form?

Title:       Job code:

This appears to qualify for:  Career Advancement  Promotion  Career Shift  No Change

The following section is for Supervisors Only

## Section 4 – Supervisor Section

### Assessment/Comments

Document if and how the employee has assumed each of the new, changed or expanded duties/competencies and the importance of these duties/competencies to unit operations.

### Overall performance rating at last formal performance review

Date of Last Review:

Did the employee receive a performance rating of “Successfully Meets Expectations” or higher on their most recent performance evaluation?  Yes  No

### Job Classification/Career Development Recommendation

Which job classification (may be current or different) do you feel best matches the changes documented on this form?

Title:       Job Code:

This appears to qualify for:  Career Advancement  Promotion  Career Shift  No Change

### Section 5 – Employee and Supervisor Electronic Signature

### I agree that this represents a true and accurate documentation of the work being performed.

Supervisor  Employee

Date:

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