

# MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

## RECLASSIFICATION CERTIFICATION FORM<sup>1</sup>

Date:

### **Instructions:**

*This form is used to document the reclassification of a position to the next level as provided under the Commission's Reclassification Certification Program. Under this program, designated positions are eligible to be considered for reclassification once the incumbent has successfully completed the probationary period, if any, has met the certification criteria, and funds are available. Certification actions are initiated and documented by the appropriate supervisory personnel. Once the documentation is complete, all materials should be submitted through appropriate supervisory channels to the Department Director for approval. The Director's office should forward to the Classification and Compensation office, who will obtain the Corporate Human Resources Director's approval.*

Name of employee:

Current classification and grade:

Requested reclassification and grade:

I certify that this employee should be reclassified because the employee has met all four of the certification criteria as follows:

1. Meets the minimum qualifications as stated in the class specification for the requested classification.
2. Has performed all duties and responsibilities in a competent and fully satisfactory manner at the higher level for no less than the defined period of time of \_\_\_\_\_ months.  
(Check reclassification certification criteria for number of months).
3. Has received on most recent performance review, an overall performance rating of 2, which is performance that achieved results that fully met the supervisor's expectations; and earned a rating of 2 for the majority of job functions and not less than 1 for all other functions; and an average factor rating of 1.5 or better.

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<sup>1</sup> Reclassification certification is not restricted to the open window submittal time frame but may be submitted at any time.

4. The following are examples of tasks or projects completed by the employee which are representative of the requested classification. (Provide examples as identified in criteria)

_____	_____	_____	_____
Employee Signature	Date	Immediate Supervisor	Date

**I Recommend (Check):**

Approval       Disapproval

\_\_\_\_\_

Second Level Supervisor	Date
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Approval       Disapproval

\_\_\_\_\_

Division Chief	Date
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Approval       Disapproval

\_\_\_\_\_

Personnel Coordinator	Date
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Approval       Disapproval

\_\_\_\_\_

Department Director	Date
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Approval       Disapproval

\_\_\_\_\_

Human Resources Director	Date
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**Note:** In the event of disapproval at any level, state reasons below and send through supervisory channels to the Department Director for concurrence and then to Human Resources for final action.

Reason for Disapproval: