

<b>ONEIDA TRIBE OF WISCONSIN STANDARD OPERATING PROCEDURE</b>	<b>TITLE:</b> Reorganizing Positions	<b>SOP NO.</b> 141 <b>DATE:</b> <b>REVISION DATE:</b> 01-27-09
<b>DIVISION:</b> Tribal Wide	<b>APPROVED BY:</b> <i>Compensation &amp; Employment Director</i> <i>Marianne X Close</i>	<b>DATE:</b> <i>2/4/09</i>
<b>DEPARTMENT:</b> All Departments	<b>APPROVED BY:</b> <i>HRIS Manager</i> <i>Melinda K. Danforth</i>	<b>DATE:</b> <i>2/5/09</i>
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<b>PAGE NO:</b> 1 of 3	<b>APPROVED BY</b> <i>HR Training &amp; Development Staff:</i> <i>Jessica Wallenfang</i>	<b>DATE:</b> <i>1/28/09</i>

1 **PURPOSE /SCOPE**

- 1.1 To set a process for Human Resource Department and Supervisors requesting to reorganize positions from one department or position to another department within the organization. Decisions to reorganize positions or departments must be made in the best interest of the Oneida Nation.

2 **DEFINITIONS**

- 2.1 General Ledger Number: Account number identifying where the employee's salary is taken from
- 2.2 HRIS: Human Resource Information Systems
- 2.3 Infinium Payroll System: Tribal payroll system on AS400
- 2.4 Line of Authority Signatures:
- 2.4.1 Programs - all levels including the General Manager
- 2.4.2 Gaming - all levels including the Gaming General Manager
- 2.4.3 Departments under direction of Chief Financial Officer - all levels including the Chief Financial Officer
- 2.4.4 Departments under the Chief of Staff - all levels including the Chief of Staff.
- 2.5 Re-organizing Positions/Departments: Moving a position from one department to another department or moving a department from one division to another division due to cost containment, better use of human resources, departmental change in mission, etc.
- 2.6 Scope of Work: Duties and responsibilities of a position

3 **WORK STANDARDS**

- 3.1 Compensation staff and HRIS staff will work together on the re-organization processes for Tribal departments/divisions.
- 3.2 Line of Authority signatures will be obtained on the Re-Organization Form prior to HR implementing level changes or updating job descriptions.
- 3.3 The budget for the position, to include salary/wage, fringe and in-direct will be transferred to the new department.
- 3.4 The HR Area Manager or designee has the authority to deny requests if all appropriate approvals have not been obtained.

4 **PROCEDURES**

Supervisor

- 4.1 Completes the Re-Organization Form with appropriate signatures.
- 4.2 Request an employee report from HRIS.
- 4.3 Provide an updated organization chart.

Compensation Representative

- 4.4 Receive Re-organization Form and organizational chart.
- 4.5 Request any missing information from the supervisor.
- 4.6 Request an updated Employee Position Questionnaire if necessary.
- 4.7 Work with HRIS staff to develop organizational levels.
- 4.8 Update affected job descriptions to reflect changes in department or division, scope of work, etc.
- 4.9 Send updated job descriptions and Job Description Approval forms to the supervisor.

Supervisor

- 4.10 Review job description to ensure the following is correct:
  - 4.10.1 Department and/or division
  - 4.10.2 Duties and responsibilities (see definition 2.6)
  - 4.10.3 Qualifications and requirements to perform the job
- 4.11 Send back to Compensation Representative with either approval or noted changes.

Compensation Representative

- 4.12 Re-grade or re-evaluate position if changes reflect a need to do so.
- 4.13 Rewrite job description. (as many times as needed)
- 4.14 Resend updated job description to supervisor. (as many times as needed)
- 4.15 Make a copy of the final job description.
- 4.16 Place copy in the job description file located in the Compensation Department.
- 4.17 Compare the general ledger(GL) number on the original request with the GL number on the Job Description Approval Form.
  - 4.17.1 Verify the general ledger number on the payroll Infinium system.

- 4.17.2 Notify supervisor if the GL numbers do not match.
- 4.18 Update Infinium to reflect job description changes, i.e. title, grade, GL, driver's license requirements.
- 4.19 Forward all re-organization information to HRIS staff. This will include, but is not limited to, the following:
  - 4.19.1 Level changes
  - 4.19.2 Job number for the re-organized positions
  - 4.19.3 Effective date of the change.
- 4.20 Forward job description(s) and re-organization form(s) to Hiring Representative.

#### HRIS Staff

- 4.21 Enter level changes in Infinium.
- 4.22 E-mail notification of re-organization of positions and/or departments/divisions to:
  - 4.22.1 Central Accounting
  - 4.22.2 MIS Operations
  - 4.22.3 Time and Attendance
  - 4.22.4 Personnel Relation Office (HRD)

#### Hiring Representative

- 4.23 Enter employee changes in Infinium which may include, but is not limited to:
  - 4.23.1 Supervisor,
  - 4.23.2 Wage/salary adjustment,
  - 4.23.3 Title reassignment,
  - 4.23.4 Update driver's license in Infinium,

### **5 RECORDS**

- 5.1 Employee Position Questionnaire
- 5.2 Job Description Approval form
- 5.3 Re-Organization Form
- 5.4 Accounting Processes for Re-Organization

### **6 REFERENCES**

### **7 FLOW CHART**

**ONEIDA TRIBE OF INDIANS OF WISCONSIN**  
**Human Resources Department**

**Location:**  
 909 Packerland  
 Green Bay, WI 54303

Phone: (920)496-7000  
<http://www.oneidationation.org/humanresources/>



**Mailing Address:**  
 P.O. Box 365  
 Oneida, WI 54155-0365

Fax: (920)496-7490  
 Job Line: 1-800-236-7050

**Re-Organization Form**

Today's Date: \_\_\_\_\_  
 Please reference the Reorganizing Positions Work Standards and Procedures.

**Current Structure**

Division \_\_\_\_\_ Business Unit: \_\_\_\_\_  
 Department: \_\_\_\_\_ Building Location: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
 Existing General Ledger Number: \_\_\_\_\_

**Proposed Structure**

Division \_\_\_\_\_ Business Unit: \_\_\_\_\_  
 Department: \_\_\_\_\_ Building Location: \_\_\_\_\_  
 New Supervisor's Name: \_\_\_\_\_ New Supervisor's Title: \_\_\_\_\_  
 New General Ledger Number: \_\_\_\_\_  
 Effective Date of this change: \_\_\_\_\_

**NOTE: Attach an updated, signed organization chart reflecting the proposed structure.**

**Reason or justification for re-organizing these positions or departments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Names and Titles of Employees This Will Affect:**

Employee Name: _____	Title: _____	Job # _____
Employee Name: _____	Title: _____	Job # _____
Employee Name: _____	Title: _____	Job # _____
Employee Name: _____	Title: _____	Job # _____

(Please request a report from the HRIS Staff on all employees affected and attach it to this form.)  
 (If there are more employees, please attach another page to this form) (Approvals are on Page 2)

NOTE: Wages/salaries, fringe and indirect budget line items for the position/employees will be transferred to the new department/division.

**Approvals:**

Approval is required through the chain of command to the General Manager or Committee, Board or Commission Chairperson for both the present structure and the proposed structure. Approval from the HR Area Manager is also required. ***Please circle approved or denied for each level within this chain of command.*** If the re-organization is denied any point of approval, the transfer of departments (re-organization) will not be approved and this form should be returned to the requesting supervisor.

<b><u>Current Structure</u></b>		
<i>Approved or Denied</i>	_____	_____
	Requesting Supervisor	Date
<i>Approved or Denied</i>	_____	_____
	Department Manager or Director	Date
<i>Approved or Denied</i>	_____	_____
	Area Manager or Director	Date
<i>Approved or Denied</i>	_____	_____
	Division Director	Date
<i>Approved or Denied</i>	_____	_____
	General Mgr or Committee/Commission/Board Chair.	Date

<b><u>Proposed Structure</u></b>		
<i>Approved or Denied</i>	_____	_____
	Requesting Supervisor	Date
<i>Approved or Denied</i>	_____	_____
	Department Manager or Director	Date
<i>Approved or Denied</i>	_____	_____
	Area Manager or Director	Date
<i>Approved or Denied</i>	_____	_____
	Division Director	Date
<i>Approved or Denied</i>	_____	_____
	General Mgr or Committee/Commission/Board Chair.	Date

<b><u>HR</u></b>		
<i>Approved or Denied</i>	_____	_____
	HR Area Manager signature indicates HR Policy Or Procedures have been followed.	Date

**NOTE: Attach Boards or Committee or Commission minutes approving re-organization to this form.**