**Request for Consideration of Position Reclassification Procedures**

**Reclassification Process:** The reclassification process will be an annual, collaborative process between the ASSOCIATION and the DISTRICT utilizing the Reclassification Committee. Requests must be submitted November 1st - December 1st to be reviewed during the month of February as stated in section 16.3.4.4 of this article.

**Step 1:** Reclassification request must be submitted to Human Resources.

**Step 2:** Upon receipt of the request, the Office of Human Resources will date stamp the request prior to forwarding a copy to the unit member’s immediate supervisor. The ASSOCIATION and the unit member shall receive a copy.

**Step 3:** The immediate supervisors will provide his/her within fifteen (15) working days. The ASSOCIATION unit member shall receive a copy.

**Step 4:** Reclassification review by the committee shall occur during the month of February.

1. If requested, a unit member shall have a personal interview with the Reclassification Committee.
2. Human Resources will notify the unit member(s) of decision in writing within ten (10) working days at the conclusion of the committee.

**Step 5:** Reconsideration/Appeal Process shall be within fifteen (15) working days after the unit member is informed of the committee’s decision. The unit member has the right to appeal in writing to the Chancellor within fifteen (15) working days of the committee’s finding. The Chancellor shall notify the unit member and the Reclassification Committee in writing within thirty (30) working days of his/her decision, which shall be final.

**Step 6:** All approved reclassification recommendations shall be submitted for Board Agenda no later than the June Board meeting.

When a position is reclassified, the incumbent in the position shall be entitled to serve in the position.

**Salary of Position Reclassification:** The salary of a unit member in a position that is reclassified shall be determined as follows:

1. If a position is reclassified to a classification having the same salary range (reclassification – lateral), the salary and anniversary date of the unit member shall not change.
2. If a position is reclassified to a classification having a higher salary range (reclassification – upward), the unit member shall be placed on the appropriate salary range of their new classification which would result in no less than a five (5%) percent increase over the current salary, except if the new placement is at the highest step. The anniversary date of the unit member shall be the date on which the reclassification request was submitted.

Reclassification recommendations are subject to the approval of the Chancellor. Final determination shall be documented in the form of a memorandum of understanding and shall be subject to all approval processes.

The effective date of the reclassification shall be the date the application was stamped received by the DISTRICT.

**Placement in Classification and Range**

Every bargaining unit member shall be placed in a classification and range in the classified service.

**Classification and Reclassification Requirements**

Position classification and reclassification shall be subject to mutual agreement between the DISTRICT and the ASSOCIATION.

Either party may propose a reclassification for any position at any time during the life of the Agreement.

**Request for Consideration of Position Reclassification**

Received by Human Resources on:

This form is designed to assist you in describing your position. Please fill out this form completely. If a question does not apply to your position, please write “N/A” for that item. Thank you for your cooperation.

Supervisory Comments Received by HR on:

Reviewed by Reclassification Committee on:

Received by the Chancellor on:

**SECTION 1**

1. Name:
2. Department/Division:
3. Business Telephone Number:
4. Position’s Classification Title:
5. How long have you been in this classification:
6. Name of immediate Supervisor:
7. Title of Immediate Supervisor**:**

**SECTION 2: WORK ACTIVITIES LIST:** Please describe the major parts of what you do on your job. List only the major functions, separately, in order of importance. Provide a description of each of those duties. Indicate the approximate percentage of total working time you spend on each major work activity and the frequency such as **daily (D), weekly (W), monthly (M)**, or **annually (Y)**. Please indicate which duties are not currently part of your job description and the length of time you have been performing each of those duties.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Duty** | **Frequency: D/W/M/Y** | **Outside of Current Job Description (Y/N)** | **If Outside of Job Description, How Long Performed** |
| **1** |  |  |  | years        months |
| **2** |  |  |  | years        months |
| **3** |  |  |  | years        months |
| **4** |  |  |  | years        months |
| **5** |  |  |  | years        months |
| **6** |  |  |  | years        months |
| **7** |  |  |  | years        months |
| **8** |  |  |  | years        months |
| **9** |  |  |  | years        months |
| **10** |  |  |  | years        months |
| **11** |  |  |  | years        months |
| **12** |  |  |  | years        months |

***\* If you need additional space, please use supplemental sheet and check this box***

**SECTION 3: EQUIPMENT, TOOLS AND MATERIALS:** What machinery, vehicles, or motorized equipment do you use in your work, and how often do you use each (daily, weekly, etc.)?

|  |  |  |
| --- | --- | --- |
|  | **List of Equipment, Tools, and Materials** | **Frequency: D/W/M/Y** |
| **1** | N/A |  |
| **2** | N/A |  |
| **3** | N/A |  |
| **4** | N/A |  |
| **5** | N/A |  |

***\* If you need additional space, please use supplemental sheet and check this box***

**SECTION 4: PHYSICAL REQUIREMENTS**

Are there any special or unusual physical skills or effort required on your job? N/A

Do you require any special accommodations to perform your job? N/A

**SECTION 5: PROBLEM-SOLVING INSTRUCTIONS**

How are instructions provided:  Orally  In Writing  Computer E-mail

How specific or general are these are these instructions? Please explain: N/A

How are priorities and/or deadlines decided for your position? N/A

What occasions are there (if any) when instructions are not provided? N/A

At what stage and by whom (job title) are your assignments normally reviewed? N/A

How can you and your supervisor determine the quality of your work? N/A

How often do you meet with your supervisor, and for what purpose? N/A

**SECTION 6: TRAINING AND EXPERIENCE**

Please indicate the length and type of formal and/or on-the-job training that is essential before an average person could perform your job successfully?       years       months

Please indicate the number of years (or months) and type of prior job experience that is essential before an average person could perform your job successfully.

|  |  |  |
| --- | --- | --- |
|  | **Type of Experience** | **Number of Years/Months** |
| **1** |  | years        months |
| **2** |  | years        months |
| **3** |  | years        months |

***\* If you need additional space, please use supplemental sheet and check this box***

What license(s), certification, registration, or related regulatory requirements are there for your job? N/A

**SECTION 7: AUTHORITY & ACCOUNTABILITY**

What kinds of actions, documents, plans, or functions **require** your authorization? N/A

What kinds of significant decisions are you authorized to make **without** clearing them through your supervisor? N/A

What work decision **require** clearance from your supervisors? Please give examples. N/A

What are the most difficulty/important decisions you make? Describe their impact on your organizational unit, other employees, students, members of the public and/or the community. N/A

**SECTION 8: INTERACTION WITH OTHERS**

To do your job effectively, what people are you required to interact with, **other than** your immediate supervisor and co-workers? N/A

**Within** your organization, please indicate the job titles and departments of the employees with whom you regularly work. N/A

**Outside** of your organization, indicate the nature of your contacts with members of the community, students, other government agencies, vendors, contractors, etc. N/A

**SECTION 9: LANGUAGE REQUIREMENTS**

Does your job require that you converse in a language other than English? If so, please indicate what language(s), level of proficiency, how often, for what purpose.

Language(s): N/A Level of Proficiency: N/A Frequency: N/A Purpose: N/A

**SECTION 10: CHANGES TO POSITION**

**Duties Deleted:** During the past two years, what duties have been removed from your position? Please explain. N/A

**Other Changes:** List other changes that have taken place in your position, such as the level of supervision exercised or received, policy or procedural changes, new tools or equipment, new processes, etc. N/A

Are there any positions in your agency or other agencies whose duties and responsibilities appear to be equal to your job? N/A

How long have you performed the current duties assigned to your position?       years       months

**SECTION 11: SUPERVISORY AND SUPPLEMENTAL QUESTIONNAIRE:** *To be completed only by individuals who supervise other employees.*

**SUPERVISION& SPAN OF CONTROL:** Please indicate the job titles and names of the employees who report directly to you, and not through a subordinate supervisor. N/A

Please indicate the job titles, and number of positions for each, that report to your direct subordinates. N/A

**SUPERVISORY RESPONSIBILITIES:** Does your position have the authority to take any of the following actions? If not, does your supervisor rely mainly on your recommendation to make the decision?

Yes  No  If no, relies mainly on your recommendation Hire employees

Yes  No  If no, relies mainly on your recommendation Promote employees

Yes  No  If no, relies mainly on your recommendation Transfer employees

Yes  No  If no, relies mainly on your recommendation Prepare work schedule

Yes  No  If no, relies mainly on your recommendation Assign/review work

Yes  No  If no, relies mainly on your recommendation Train employees

Yes  No  If no, relies mainly on your recommendation Assign/approve overtime

Yes  No  If no, relies mainly on your recommendation Assign/approve comp time

Yes  No  If no, relies mainly on your recommendation Prepare performance appraisals

Yes  No  If no, relies mainly on your recommendation Approve sick/vacation leave

Yes  No  If no, relies mainly on your recommendation Recall employees to work in emergencies

Yes  No  If no, relies mainly on your recommendation Award pay increases

Yes  No  If no, relies mainly on your recommendation Discipline employees

Yes  No  If no, relies mainly on your recommendation Suspend employees

Yes  No  If no, relies mainly on your recommendation Terminate employees

I certify that I have read the instructions, that the entries made above are my own and to the best of my knowledge are accurate and complete.

**OPTIONAL:** I would like to request for a personal interview with the Reclassification Committee.  Yes  No

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**      

**SECTION 2: SUPPLEMENTAL SHEET**

**SECTION 2: WORK ACTIVITIES LIST:** Please describe the major parts of what you do on your job. List only the major functions, separately, in order of importance. Provide a description of each of those duties. Indicate the approximate percentage of total working time you spend on each major work activity and the frequency such as **daily (D), weekly (W), monthly (M)**, or **annually (Y)**. Please indicate which duties are not currently part of your job description and the length of time you have been performing each of those duties.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Duty** | **Frequency: D/W/M/Y** | **Outside of Current Job Description (Y/N)** | **If Outside of Job Description, How Long Performed** |
| **13** |  |  |  | years        months |
| **14** |  |  |  | years        months |
| **15** |  |  |  | years        months |
| **16** |  |  |  | years        months |
| **17** |  |  |  | years        months |
| **18** |  |  |  | years        months |
| **19** |  |  |  | years        months |
| **20** |  |  |  | years        months |
| **21** |  |  |  | years        months |
| **22** |  |  |  | years        months |
| **23** |  |  |  | years        months |
| **24** |  |  |  | years        months |
| **25** |  |  |  | years        months |

**SECTION 3: SUPPLEMENTAL SHEET**

**SECTION 3: EQUIPMENT, TOOLS AND MATERIALS:** What machinery, vehicles, or motorized equipment do you use in your work, and how often do you use each (daily, weekly, etc.)?

|  |  |  |
| --- | --- | --- |
|  | **List of Equipment, Tools, and Materials** | **Frequency: D/W/M/Y** |
| **1** | N/A |  |
| **2** | N/A |  |
| **3** | N/A |  |
| **4** | N/A |  |
| **5** | N/A |  |
| **6** | N/A |  |
| **7** | N/A |  |
| **8** | N/A |  |
| **9** | N/A |  |
| **10** | N/A |  |
| **11** | N/A |  |
| **12** | N/A |  |
| **13** | N/A |  |
| **14** | N/A |  |
| **15** | N/A |  |

**SECTION 6: SUPPLEMENTAL SHEET**

**SECTION 6: TRAINING AND EXPERIENCE**

Please indicate the number of years (or months) and type of prior job experience that is essential before an average person could perform your job successfully.

|  |  |  |
| --- | --- | --- |
|  | **Type of Experience** | **Number of Years/Months** |
| **1** |  | years        months |
| **2** |  | years        months |
| **3** |  | years        months |
| **4** |  | years        months |
| **5** |  | years        months |
| **6** |  | years        months |
| **7** |  | years        months |
| **8** |  | years        months |
| **9** |  | years        months |
| **10** |  | years        months |
| **11** |  | years        months |
| **12** |  | years        months |
| **13** |  | years        months |
| **14** |  | years        months |