



Request for Reclassification

District Initiated Reclassification – Local 39

IMPORTANT INSTRUCTIONS:

- An administrator requesting a reclassification of a current position or reclassification of a vacant position must complete this proposal. Refer to Local 39 Article 19.8 for specific guidelines.
- The formal proposal may include but is not limited to changes in job duties, job descriptions, and job titles. If approved by designated VP, the proposal shall be forwarded to HR and a copy will be forwarded to Local 39 representative. All District Initiated Proposals are due to HR by January 1.

CHECKLIST OF REQUIRED MATERIALS
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Before you submit your request, you must include all of the following:

- Complete attached proposal for selected position(s)
- Current job description
- Proposed job description, if applicable.
- Proposed organizational chart, if applicable.
- Meet with department staff regarding proposal. Meeting date_____.
- Initiating Manager signature
- VP approval and signature

RESPONSIBILITY OF LOCAL 39 PRESIDENT AND AVP OF HR:

- LOCAL 39 President and HR decision. Date scheduled:_____
- Submit recommendations to Superintendent/President within 10 days of Local 39 & HR decision. Date scheduled:_____
- Superintendent/President provides written decision within 30 days of receipt. Date scheduled:_____



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Should you have any questions regarding this form or the Classification/Reclassification process, please contact Karen Mitchell, Executive Assistant 707-864-7128.

Department: _____ Date: _____

Assignment Location: Fairfield Vacaville Vallejo Other _____

Employee Name: _____ # Months worked Per Year: _____

Employee ID: _____ # Hours worked Per Day: _____

Current Position Title: _____ Length of Time in Current Job (YY;MM): _____

Proposed Position Title: _____ Time in District (YY;MM): _____

1. Detail very specifically the ways in which existing or proposed duties are responsibilities of the position exceed the duties and responsibilities outlined in the job specification for this position.
(Attach extra sheets if necessary)

2. Is the employee performing these duties now? Yes No
How long? _____
What percentage of time? _____

3. Have these duties been assigned? Yes No
When? _____
By whom? _____

4. Provide rationale for recommending/not recommending this reclassification and any additional information that will assist in evaluating this request.

5. What budgetary implications must be considered if this request were to be granted or denied?

6. Attach a copy of the current job description and a copy of the job description under which you believe the additional duties and responsibilities fall, if applicable. Highlight areas of increased responsibility.

Analysis for Request for Reclassification

List the major job duties currently assigned to the employee in order of responsibility (Item 1 being the duty that requires the most responsibility). List the approximate percentage of time spent performing each duty.

% of
Time

List the major duties described in the
current job description

***Identify with an asterisk those duties that are not in the current job description**

1. _____
2. _____
3. _____
4. _____
5. _____

- _____

1. _____
2. _____
3. _____
4. _____
5. _____

APPROVAL / REVIEW

Manager / Dean Initiating Request

Manager/Dean Signature

Date

Vice President Recommendation: Approve Denied

VP Signature

Date

LOCAL 39 Representative Recommendation: Approve Denied

Date

Date

HR VP Recommendation: Approve Denied

HR VP Signature

Date

President Recommendation: Approve Denied

President Signature

Date

Board of Trustee Review Date: _____