



Solano Community College

Request for Reclassification

Employee Name: _____ Date: _____

SCC ID # _____

Current Department: _____ Supervisor: _____

Current Position/Title: _____ Current Range/Step: _____

Requested Position/Title: _____ Requested Range/Step: _____

(if applicable)

Number of months worked per year: _____ Number of hours worked per day: _____

Length of time in current position: _____ years _____ months

Length of time with the District: _____ years _____ months

TO BE COMPLETED BY EMPLOYEE IF EMPLOYEE INITIATED, OR BY SUPERVISOR IF SUPERVISOR INITIATED

1. In very specific detail, describe the way existing or proposed duties exceed the **responsibilities** of the **current job description or position**. (Attach extra sheets if necessary)

2. List your current job duties and the percentage of time spent on them. In addition, list duties performed that are not in the job description and the percentage of time spent on them.

Current Job Duties

% of time

- _____
- _____
- _____
- _____

Duties not currently in Job Description

% of time

- _____
- _____
- _____
- _____

3. Have the duties not in the job description been assigned? Yes No

When? _____ Who assigned them? _____

4. Provide rationale for recommending this reclassification and **any additional information** that will assist in evaluating this request. (Attach additional pages if necessary)

5. Attach a copy of the current job description and the job description under which you believe the additional duties and responsibilities fall, or a similar job description that reflects the additional duties from another similar employer if nothing similar on campus. Highlight areas of increased responsibilities.

Employee or Supervisor Signature: _____

Print Name: _____

Date: _____