

SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT

REQUEST FOR RECLASSIFICATION

This form is to assist in determining if your position should be reclassified. Please answer all questions thoroughly; the more detailed and specific you are, the better the evaluators can understand the reason for your request. You may give examples and attach additional pages. Please note:

- Positions are reclassified – not the employee
- Classification does not consider the capabilities of the individual or his/her efficiency
- Classification does not resolve performance problems
- Classification does not consider the amount of work performed.

In evaluating the information collected, evaluators will use a “whole job analysis” approach. With this approach, current duties and responsibilities are analyzed taking the following factors into consideration:

- Expertise (knowledge, skills, and abilities)
- Decision-making
- Supervision (received and exercised)
- Contacts
- Working conditions.

These factors will be examined to determine whether or not a change in job classification or salary is justified.

In conducting a classification review, potential outcomes include:

- a change in classification to either a new or another existing classification;
- a change in salary with or without a change in job classification (salary realignment);
- a change or revisions to the existing class specification with or without a change in salary;
- or no change in either salary or job classification.

In order to justify a change, it is important that there be a material change in the type of duties assigned and/or the level associated with the assigned duties. An increase in the volume of work is not considered a justification, since this is ultimately a staffing issue; nor is individual job performance a consideration, since jobs are classified based on operational needs regardless of who holds the position. Further, jobs may change as a result of reorganization or redistribution of work assignments, or because of changing technology requiring the use of new and/or different tools. However, this does not necessarily mean that a change in classification is justified if the level of difficulty, complexity, and responsibility has not increased.

This completed application must be received in the Office of Human Resources by **November 30th**.

SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT

REQUEST FOR RECLASSIFICATION

I - IDENTIFYING INFORMATION

- A. Name _____
(Last) (First) (Middle Initial)
- B. Department _____ Division _____
- C. Current Classification Title _____
- D. Length of Time in Current Position _____
(Years) (Months)
- E. Previous Title with Organization _____
Length of Time (Years/Months)
- F. Total Length of Time with Organization _____
(Years) (Months)
- G. Assigned Hours/Week _____ ; from _____ am/pm to _____ am/pm
- H. Assigned Days/Week _____ ; from _____ to _____
- I. Work Address _____ Telephone Number () _____
Ext.
- J. Name of Immediate Supervisor _____ Telephone Number () _____
Ext.
- K. Classification of Immediate Supervisor _____

II – HISTORY OF RECLASSIFICATION REQUESTS

- A. What was the last date you applied for reclassification? _____
- B. What was your title at the time of your last reclass request? _____
- C. What was the outcome of your request for reclassification? _____

III – NATURE OF REQUEST

Is there an existing job title that you think more appropriately reflects your responsibilities? Yes No

- A. If yes, what is the existing class title: _____
- B. If no, do you have a suggested title: _____

IV – RATIONALE FOR RECLASSIFICATION

Please state the rationale for your request for reclassification (specifically, what has changed and how has this increased the level of responsibility of your job).

V - PURPOSE OF YOUR POSITION

Describing your job as you would to someone not familiar with your work, briefly summarize the overall purpose(s) of your position, as you understand it, and the key result that the job is expected to achieve.

VI - IMPORTANT AND ESSENTIAL DUTIES

Listing the most important duties first, describe the major duties performed by your position. A duty is an activity performed to achieve the purpose or objectives of the job. A duty is a significant part of a functional area and consists of the performance of one or more tasks. Start each duty statement with a verb such as prepare, maintain, calculate, collect, compile, clean, repair, or other similar action word. **Respond based on actual job duties and responsibilities.** Describe the job responsibilities/duties as they exist now. In other words, tell us what you are actually doing in the job – this may or may not differ from what your current job description states. **Be objective and accurate.** Try not to understate or inflate the job. Base your responses on the typical duties and responsibilities of the job under normal conditions, not under unusual circumstances or temporary assignments.

In the right hand columns, please identify the following:

Date added or changed: If a duty has not always been part of your position, please identify the date that the duty was added to your position or that the duty significantly changed. You do not have to complete the **Date added or changed** column for duties that have always been part of your position.

Frequency Code: Please code [D (Daily), W (Weekly), M (Monthly), Q (Quarterly), S (Semi-Annually), Y (Yearly)] how often you perform each duty.

% of Total Job: Assuming all duties listed encompass 100% of the total job, give a best estimate of the approximate percentage of total job that each duty (or group of related duties) represents. The total of all duty statements must equal 100%.

IMPORTANT AND ESSENTIAL DUTIES		Date Added or Changed	Frequency Code	Percent of Total Job
1.				

IMPORTANT AND ESSENTIAL DUTIES		Date Added or Changed	Frequency Code	Percent of Total Job
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

VII - JOB RELATED QUALIFICATIONS

JOB RELATED QUALIFICATIONS: Please list the **knowledge, skills, and abilities** that are:

1. **Necessary** for the successful performance.
2. **Cannot be learned** in a brief training or orientation session (1 week or less).
3. **Required by the job**, not ones you have acquired on the job.

Please list the knowledge, skills, and abilities that are **essential** for the position being described. The knowledge, skills, and abilities listed under this section should be linked with the essential duty statements.

ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES STATEMENTS		Duties from Section VI (Please identify the duties from Section VI by Number)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

VIII - EDUCATION & EXPERIENCE

Please review your current class specification. Do you believe you need additional/different training and/or education in order to perform your job as it currently exists? Yes No

If yes, please explain:

- A. What additional education and/or training are required? _____

- B. Why is it necessary? _____

- C. When and where did you obtain the additional training and/or education? _____

IX – TECHNICAL AND FUNCTIONAL SUPERVISION EXERCISED

Technical and Functional Supervision (Lead Worker) – This type of supervision is exercised by positions that are responsible for prescribing procedures, methods, materials, and formats used in recurring projects of particular area(s) of work including training other employees. In addition, technical and functional supervision is exercised by employees who are also responsible for recurring work projects or activities involving other employees to whom they give direction and guidance including lead supervision for a project or set of work activities. Employees exercising technical and functional supervision may also have responsibility for assigning, scheduling, coordinating, organizing, and directing work activities.

Do you exercise technical and functional supervision over any employees? Yes No

If yes,

- A. Which better describes your responsibilities: Regular Lead Project Lead
- B. Please list the names and classification/job titles of the employees whom you supervise. **Please attach additional pages if necessary.**

Employee Name	Classification/Job Title

C. Please indicate the nature of group supervised and the number supervised.

Full-time	Part-time	Seasonal/Temp	Volunteer

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REQUEST FOR RECLASSIFICATION SUPERVISOR/MANAGER REVIEW

XII – IMMEDIATE SUPERVISOR REVIEW

Please complete your review and forward the employee’s questionnaire and your review to the appropriate manager. You may wish to retain a copy for of this document for your records.

Name of Employee Requesting Reclassification _____

Employee’s Current Job Title _____

Please review the information submitted by the employee and answer the following questions:

- A. Do you believe the current job title is appropriate for this position? Yes No
- B. Is the position classified properly in relation to other positions? Yes No
- C. If no to either of the above questions, explain and suggest an appropriate job title:

- D. Is the suggested job title currently used in the District? If yes, is it used District-wide or is it unique to this location/campus:

- E. If known, list the name(s), class title(s), and location/campus of other employees performing the same duties or performing the functions described herein at the same level:

Employee Name	Class/Job Title	Location/Campus

- F. Do you as the immediate supervisor concur with the employee’s statements made in this document? Yes No

Request for Reclassification – Supervisor/Manager Review

G. Are there any portions of the Employee portion of the questionnaire that you wish to comment on or clarify?

H. Who previously performed any new duties the employee identified?

I. Did you as the supervisor/manager of this position assign the new or expanded duties to the employee or has the employee taken on the duties independently?

J. What is the primary function or purpose of this job in relation to the mission, goals, and objective of the assigned work unit and department?

K. Please provide any additional comments or remarks you may have:

Signature: _____ **Date:** _____

Type or Print Name: _____ **Telephone Number:** () _____

Classification Title: _____

XIII – MANAGEMENT REVIEW

Please review the information provided by the employee as well as the employee’s supervisor, indicate whether or not you support the request, and provide any additional comments or remarks you may have. **Please complete your review and forward the entire document (employee’s Request for Reclassification and Supervisor’s Review) to the Office of Human Resources by _____.** You may wish to retain a copy for of this document for your records.

Signature: _____ **Date:** _____

Type or Print Name: _____ **Telephone Number:** _____ () _____

Classification Title: _____