

SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT

SUPERVISOR/MANAGER REVIEW FOR CSEA

REQUESTS FOR RECLASSIFICATION

IMMEDIATE SUPERVISOR REVIEW

Please complete your review and forward the completed form to the Office of Human Resources. 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

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: _____

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 completed SUPERVISOR/MANAGER REVIEW FOR CSEA REQUEST FOR RECLASSIFICATION to the **Office of Human Resources**. **You may wish to retain a copy for of this document for your records.** Please attach additional sheets as necessary for your review and remarks.

Signature: _____

Date: _____

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

Classification Title: _____