

**APPENDIX D-1**

Classification Request

Ref: Article 17 Classification Procedures

Unit Member Name (Last, First):       Banner ID Number:

**RECLASSIFICATION**: For purposes of this agreement, "reclassification" shall mean the upgrading of a position to a higher existing classification as a result of the gradual increase of the duties being performed by the incumbent in that position (Education Code Section 88001(f)). As used in Section 17.02 of this Article, the reclassification procedure results in the movement of one or more member(s) from their current classification to a higher existing classification.

**CLASSIFICATION STUDY**: As used in the Article, a Classification and Salary Study is used to revise job descriptions and range placements of an entire job classification or to establish a new job classification following the process as described in Article Section 8.02 and Section 17.06.

Select the type of request you are submitting:

**[ ]  Classification Study Complete Sections IA, IB, IIA, IIB, IV**

**[ ]  Reclassification Complete Sections IA, IB, IIIA, IIIB, IV**

**[ ]  Salary Study**

**FORM CHECKLIST**

[ ]  I have obtained a copy of the current and proposed (if applicable) job descriptions available online at the HR web site <http://www.mtsac.edu/hr/jobclassifications/csea262.html> and attached them to this request.

[ ]  I have filled out this form completely (incomplete forms will be returned).

[ ]  I have included evidence of meeting the minimum qualifications for the classification (transcripts, etc.).

[ ]  I have signed and dated the forms and have initialed and dated all supplemental attachments.

**SUBJECT MATTER EXPERTS FOR POSSIBLE INTERVIEW**

Recommend up to three subject matter experts who can provide the committee with information about the type of work done or who can verify the work being done.

1. Name:       Phone or E-Mail:
2. Name:       Phone or E-Mail:
3. Name:       Phone or E-Mail:

After submitting a request, the unit member must wait one (1) year from the date of receipt by Human Resources to submit another request. The reconsideration process does not reset the date for submitting a new request Classification Request Form. If necessary, the committee may contact the unit member for more information or clarifications. Ways to submit form:

* Email as an attachment to the Vice President, Human Resources
* Campus mail or hand deliver to Human Resources

Human Resources will date- and time stamp the form, which will signify its official receipt. Human Resources shall forward the request to the Reclassification Committee or the Classification Study Committee for review at their next scheduled meeting. A copy of the date and time stamped form will be sent to the unit member.

**PLEASE NOTE: WHERE THIS FORM REQUESTS A SIGNATURE, YOU DO NOT NEED TO PRINT THE FORM AND SIGN IT. PLEASE TYPE IN YOUR NAME AS ACKNOWLEDGEMENT THE INFORMATION YOU ARE PROVIDING IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE. AFTER YOU TYPE IN YOUR “SIGNATURE” AND DATE, SAVE THE FORM AND THEN E-MAIL THE FORM TO HUMAN RESOURCES USING YOUR MT. SAC E-MAIL ACCOUNT ONLY FOR PROCESSING. SAVE A COPY FOR YOUR RECORDS. SEND THE FORM TO** **hrcp@mtsac.edu****.**

**IA UNIT MEMBER INFORMATION**

Unit Member Name (Last, First):       Banner ID Number:

Division:       Phone Ext:

Department:       e-mail address:

Current Classification:

(Appendix A from contract)

Time in Current Classification:    /    Step:       Range:

 Years / Months (Appendix B from contract)

Immediate Manager:       Title:       Phone:

**IB POSITION RESOURCES**

**Information Sources:** List major sources of information, documents, manuals, etc. required or used for this position. This could include Board Policy, Administrative Procedures, Education Code, etc.

**Specialized Equipment:** List any machinery, motorized equipment, special vehicles, tools, computers, etc. that are required or used for this position.

**Extraordinary Working Conditions:** Describe any special working conditions that affect this position, such as working with hazardous material, infectious diseases, exposure to extreme weather conditions, etc.

**IIA CLASSIFICATION STUDY — POSITION INFORMATION**

If you are proposing a new classification or a revision of an existing classification, state your rationale:

What are the additional duties needed for this position that are not currently in the job description?

How long has the unit member performed the duties that you believe fall outside of the unit member's current job classification?

      Years       Months

**IIB CLASSIFICATION STUDY — ESSENTIAL DUTIES**

For a proposed change to an existing job description, obtain a copy of the applicable job description(s) (<http://www.mtsac.edu/hr/jobclassifications/csea262.html>) and make the following changes on the document(s) (use additional pages if necessary, but remember to initial and date each additional page):

* Strike out duties no longer needed (print and use current job description document from the HR web site)
* Add additional needed functions (write them on the back of the current job description document)
* Modify existing functions as appropriate (type on separate Word document and attach)
* Initial and date each document
* Attach the document(s) to this form when submitting to Human Resources

**IIIA RECLASSIFICATION — POSITION INFORMATION**

State your rationale to reclassify the unit member and the proposed classification from Appendix A of the CSEA 262 Contract:

**IIIB RECLASSIFICATION — ESSENTIAL DUTIES BEYOND CURRENT JOB DESCRIPTION**

List the unit member’s current essential duties beyond the current job description including as much of the following as appropriate:

* Describe to what extent the unit member exercises his or her own judgment to complete the work.
* Describe how this work has resulted in increased accountability, authority, or decision-making.
* How long has the unit member been performing this work?
* How is work assigned (verbal or written) and by whom?

*(****NOTE:*** *If you need more space to list the information below, you can download the additional sheets at the HR web site http:/www.mtsac.edu/hr/forms/262/essential-duties-form.docx).*

**ESSENTIAL DUTY WITH EXAMPLES**

**FREQUENCY**

**Date Started**

**% TIME ON TASK**

What percentage of time per day do you spend on this task?**ASSIGNED BY**

If written, please include a copy of the memo, letter, or e-mail requesting this work.

**ESSENTIAL DUTY WITH EXAMPLES**

**FREQUENCY**

***Date Started***

**% TIME ON TASK**

*What percentage of time per day do you spend on this task?***ASSIGNED BY**

**ESSENTIAL DUTY WITH EXAMPLES**

**FREQUENCY**

**Date Started**

     **% TIME ON TASK**

What percentage of time per day do you spend on this task?**ASSIGNED BY**

**ESSENTIAL DUTY WITH EXAMPLES**

**FREQUENCY**

**Date Started**

     **% TIME ON TASK**

What percentage of time per day do you spend on this task?**ASSIGNED BY**

**ESSENTIAL DUTY WITH EXAMPLES**

**FREQUENCY**

**Date Started**

     **% TIME ON TASK**

What percentage of time per day do you spend on this task?**ASSIGNED BY**

**ESSENTIAL DUTY WITH EXAMPLES**

**FREQUENCY**

**Date Started**

     **% TIME ON TASK**

What percentage of time per day do you spend on this task?**ASSIGNED BY**

**ESSENTIAL DUTY WITH EXAMPLES**

**FREQUENCY**

**Date Started**

     **% TIME ON TASK**

What percentage of time per day do you spend on this task?**ASSIGNED BY**

**ESSENTIAL DUTY WITH EXAMPLES**

**FREQUENCY**

**Date Started**

     **% TIME ON TASK**

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**ESSENTIAL DUTY WITH EXAMPLES**

**FREQUENCY**

**Date Started**

     **% TIME ON TASK**

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**ESSENTIAL DUTY WITH EXAMPLES**

**FREQUENCY**

**Date Started**

     **% TIME ON TASK**

What percentage of time per day do you spend on this task?**ASSIGNED BY**

**ESSENTIAL DUTY WITH EXAMPLES**

**FREQUENCY**

**Date Started**

     **% TIME ON TASK**

What percentage of time per day do you spend on this task?**ASSIGNED BY**

**IV UNIT MEMBER REVIEW**

If the unit member is making the request, Human Resources will forward a copy of the request to the unit member’s immediate manager within ten (10) working days. The immediate manager shall then return the request form with his or her comments to Human Resources within ten (10) working days. Human Resources will then forward a copy of the request form to the manager’s vice president within ten (10) working days. The vice president shall then return the request form with his or her comments to Human Resources within ten (10) working days.

[ ]  I am submitting this request myself and attest the information provided in this form is complete and accurate to the best of my knowledge.

[ ]  My immediate manager is submitting this request, and I [ ]  agree [ ]  disagree this is an accurate and complete description of my duties.

**If you do not agree with information submitted by your immediate manager on this request, state what you disagree with and explain below why you disagree, including an explanation clarifying the issue(s) of concern if necessary.**

**Signature** *(if submitted by unit member)***:**

Unit Member’s Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

**ONCE YOUR FORM HAS BEEN SUBMITTED FOR PROCESSING, YOUR REQUEST WILL BE REVIEWED ACCORDING TO THE PROCEDURES IN ARTICLE 17 OF THE BARGAINING AGREEMENT. AFTER A FINAL DETERMINATION IS MADE, YOU WILL RECEIVE AN E-MAIL NOTICE FROM HUMAN RESOURCES EXPLAINING THE DETERMINATION AND YOUR OPTIONS. YOU MAY ALSO CONSUT WITH YOUR CSEA UNION STEWARD FOR FURTHER ASSISTANCE.**

**STOP: IF YOU ARE THE UNIT MEMBER, DO NOT PROCEED BEYOND THIS POINT. SUBMIT THIS FORM ALONG WITH ALL SIGNED AND DATED ACCOMPANYING DOCUMENTATION TO HUMAN RESOURCES**

**V IMMEDIATE MANAGER REVIEW**

If the immediate manager is submitting this request form on behalf of the unit member, the immediate manager must review this request with the unit member and obtain the unit member’s comments and signature in Section IV above prior to forwarding the request to Human Resources. Immediate managers who submit a Reclassification request form on behalf of a unit member shall do so no later than five (5) working days from the date the unit member signed the request form.

Review Sections I through III and provide an analysis of this request in the form below (or attach additional pages), including comments about the general work assignments within your unit that pertain to this request as appropriate.

[ ]  I am submitting this request on behalf of the unit member and attest the information provided in this form is complete and accurate to the best of my knowledge.

[ ]  The Unit Member is submitting this request, and I [ ]  agree [ ]  disagree this is an accurate and complete description of duties.

**If you do not agree with information submitted by the unit member on this request, state what you disagree with and explain below why you disagree, including an explanation clarifying the issue(s) of concern if necessary.**

Immediate Manager’s Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

**VI VICE PRESIDENT REVIEW**

After receiving a reclassification request from either the unit member or the immediate manager, Human Resources will forward a copy of the request form to the manager’s vice president within ten (10) working days. The vice president shall then return the request form with his or her comments (below) to Human Resources within ten (10) working days. If Human Resources has not received the vice president’s response after ten (10) working days, the request shall move forward to the committee.

Comments:

Vice President’s Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

**VII FOR RECLASSIFICATION REQUESTS ONLY:**

**DISTRICT PRESIDENT/CEO (or designee) AND CSEA 262 CHAPTER PRESIDENT (or designee) INITIAL REVIEW (optional)**

Subsequent to the request being received by Human Resources and prior to it going to the Reclassification Committee, Human Resources shall forward copies of the request to the Chapter President and College President who may meet to seek an informal resolution or give direction to their respective committee members and return the request form with his or her comments to Human Resources within ten (10) working days.

President/CEO or Designee Comments:

President/CEO or Designee’s Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

CSEA 262 President or Designee Comments:

CSEA 262 President or Designee’s Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

**VIII HUMAN RESOURCES**

The Vice President, Human Resources shall forward this request to:

1. [ ]  The Board of Trustees for adoption.
2. [ ]  Be processed for job analysis review.

Rationale:

Vice President, Human Resources’ Signature Date
*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*