**Type 1—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. Ed. 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.

**Type 3—Classification Study:** As used in the Article, a Classification 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.

**Form Checklist:**

[ ]  I have obtained a copy of the current and the proposed job descriptions, which are available online at: <http://www.mtsac.edu/hr/jobclassifications/csea262.html>.

[ ]  I have filled out this form completely. Incomplete forms will be returned.

[ ]  I have signed and dated the forms and initialed and dated any supplemental sheets or documents attached.

Classification Request type:

[ ]  Reclassification [ ]  Classification Study

[ ]  Subject Matter Experts recommended to be interviewed (3 maximum):

Name:

Name:

Name:

**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.

Requests submitted to Human Resources by the end of the first working week of each month will be considered by the appropriate committee at their next scheduled meeting.

Please mark any sections that do not apply to your request as Not Applicable “N/A.”

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| **I. Employee Information** |
|            Employee Last Name / First Name |      Banner ID |
|      Department / Division |      Phone Ext. | @mtsac.eduE-Mail Address |
|      Classification (Appendix A from Contract) |      Step & Range (Appendix B from Contract) |
|       Years       MonthsTime in Current Classification |      Immediate Manager Title (Dean, Director, Manager, etc.) |
|      Immediate Manager |      Phone Ext. |

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| **IIA. Reclassification Position Information** |
| The request is for a unit member to be reclassified. Please state your rationale:       |
| Proposed classification to which the unit member would be reclassified:(Appendix A of CSEA 262 Collective Bargaining Agreement)       |
| How long has the unit member performed the duties that you believe fall outside of the unit member’s current job classification?      months |
| **IIB. 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 that are 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?      months |
| **IIC. Position Resources** |
| Position ResourcesInformation 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.      |
| **IID. Essential Duties - Reclassification** |
| List each of the unit member’s current essential duties beyond those in the job description and indicate the frequency in which these duties are performed. Briefly describe the duties by including as much of the following as appropriate:* How is work assigned (verbal or written) and by whom?
* Is work performed independently or with close supervision?
* To what extent does the unit member exercise their own judgment to complete the work?
* Who or what is directly impacted by the work?
* Does the work require the unit member to interact with others? If so, with whom and how?
* How long has the unit member been performing this work?
* How has this work resulted in increased accountability, authority, or decision-making?
 |
| **Essential Duties** | **Frequency** |
|  | **Daily/Weekly/Monthly/Yearly** |
|       |       |
| **IIE. Essential Duties – Classification Study** |
| For a proposed change to an existing job description, make the following changes on a copy of that job description and list:* Strikeout duties that are no longer needed
* Add additional needed functions
* Modify existing functions as appropriate

For a proposed new job description complete essential functions and job duties sections. |

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| **III. Unit Member Review** |
| This form was completed by the: [ ]  Unit Member [ ]  Immediate Manager |
| **If completed by the unit member:**The information I have provided is accurate and complete.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Unit Member Signature Date |
| **If completed by the immediate Manager:**My immediate manager prepared this Request for Reclassification/Classification Study and I [ ]  agree [ ]  disagree this is an accurate and complete description of my duties.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Unit Member Signature Date  |
| **If you do not agree with information on this Classification Request, state what you disagree with and explain below why you disagree. Attach an explanation clarifying the issue(s) of concern if necessary.** |

When a recommendation has been submitted, Human Resources shall notify the applicants and the CSEA 262 President of the Committee’s recommendation no later than five (5) working days of the determination and will include the rationale for the Committee’s recommendation.

Preferred method of notification of results:

[ ]  Email

[ ]  Phone ext.       Other Number:

[ ]  Letter

After submitting a request, the unit member must wait one (1) year from the date of receipt by Human Resources of the Classification Request Form to submit another request. The reconsideration process does not reset the date for submitting a new request Classification Request Form.

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| **IV. Immediate Manager Review**  |
| The immediate manager must review this request and forward it to Human Resources within five (5) working days of receipt. |
| Do you support this Request? [ ]  Yes [ ]  No |
| Please explain why or why not (attach additional pages as necessary):      |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Immediate Manager Signature Date |

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| **V. District President/CEO (or designee) & CSEA 262 Chapter President (or designee) Initial Review**  |
| Comments:       |
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|  |       |
| President/CEO Signature | Date |

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| --- | --- |
|  |       |
| CSEA Committee Co-Chair’s Signature | Date |

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| **VIA. Reclassification Committee Recommendation and Rationale** |
| [ ]  This position should not be reclassified and should remain in the current classification[ ]  This position should be reclassified to:      [ ]  This request should be forwarded to Classification Study Committee for review |
| Rationale:       |
|        |
| District Committee Co-Chair’s Signature Date |
|        |
| CSEA Committee Co-Chair’s Signature Date |

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| **VIB. Classification Study Committee Recommendation and Rationale** |
| [ ]  The existing job description should be revised (see attached)[ ]  The existing job description should remain unchanged[ ]  A new job classification should be established (see attached)[ ]  No new job classification is recommended |
| Rationale:       |
|        |
| District Committee Co-Chair’s Signature Date |
|        |
| CSEA Committee Co-Chair’s Signature Date |

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| **VII. Human Resources** |
| The Vice President of Human Resources shall forward this request to:[ ]  The Board of Trustees for adoption[ ]  Be processed for Job Analysis Review |
|        |
| Vice President of Human Resources Signature Date |

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| **VIII. District President/CEO (or designee) & CSEA 262 Chapter President (or designee) Final Review**  |
| Comments:       |
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| President/CEO Signature | Date |

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| CSEA Committee Co-Chair’s Signature | Date |

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