



Appendix D Reclassification Request

Reclassification is the upgrading of the position to a higher classification as a result of the gradual increase of the duties being performed by the incumbent in that position. Reclassification is not based on an increase in workload nor an employee's capability to perform the skills or responsibilities that are outside their current classification. In addition, reorganization of your department or assignment does not automatically result in a reclassification. **NOTE:** The duties of the position are being studied, not the employee's performance.

An employee applying for reclassification must complete this application and submit it to Human Resources. Please mark any sections that do not apply to your request as Not Applicable "N/A."

Application Checklist:

- ☐ Obtain a copy of your current and the proposed job descriptions, which are available online at <http://inside.mtsac.edu/admin/personnel/jobDescriptions.html>.
- ☐ Complete the Reclassification Request form completely. Incomplete applications may be disqualified from consideration or delay a final recommendation.
- ☐ Make sure you sign and date the application and initial and date any supplemental sheets or documents attached.

Process Timeline:

Reclassification Requests Submitted to Human Resources	July 1 – August 31
Reclassification Review by Committee	October 1 – November 30
Human Resources Notification to Employee	December 1 – December 15
Reclassification Recommendations Submitted for Board Approval	No Later Than March BOT Meeting
Effective Date of Implementation	Day after Board Approval

The District and CSEA 262 may mutually agree to modify the above deadlines.

I. Employee Information		
Employee Last Name / First Name		Banner ID
Department / Division	Phone Ext.	@mtsac.edu E-Mail Address
Classification (Appendix A from Contract)		Step & Range (Appendix B from Contract)
Years Months Time in Current Classification		Date of Last Reclassification (or N/A)
Immediate Supervisor	Supervisor's Title (Dean, Director, Manager, etc.)	
	Phone	Supervisor's E-Mail

II. Position Information
Position Purpose – Summarize the main reason(s) your position exists, in three to four sentences, including the position's general function and overall level of responsibility.
Proposed classification to which the position should be reclassified: (Appendix A of CSEA 262 Collective Bargaining Agreement)
Proposed Range / Step to which the position should be reclassified: (Appendix B of CSEA 262 Collective Bargaining Agreement)
<input type="checkbox"/> Unknown: (Check here if you do not know what the proper classification for your position should be.)
How long have you performed the duties that you believe fall outside of your current job classification? months
Describe any specialized education, training, skills, certificates, or licenses required to perform your duties.
List previous work experience that is directly related to your current duties.
<p>Position Resources</p> <p>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.</p> <p>Specialized Equipment: List any machinery, motorized equipment, special vehicles, tools, computers, etc. that are required or used for this position.</p> <p>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.</p>
<p>Does your position require budget or financial responsibilities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>

Essential Duties

List each of your current essential duties and indicate the frequency in which these duties are performed. If you believe the duty is outside your job classification, indicate by checking the "Outside of Job Classification" box. Briefly describe your 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 do you exercise your own judgment to complete the work?
- Who or what is directly impacted by the work?
- Does the work require you to interact with others? If so, with whom and how?
- How long have you been performing this work?
- How has this work resulted in increased accountability, authority, or decision-making?

Essential Duties		Frequency
	X IF OUT OF CLASS	Daily/Weekly/Monthly Yearly

III Employee Review

This form was completed by the: ☐ Employee ☐ Supervisor

If completed by the employee:

The information I have provided is accurate and complete.

Employee Signature

Date

If completed by the supervisor:

My supervisor prepared this Request for Reclassification and I ☐ agree ☐ disagree this is an accurate and complete description of my duties.

Employee Signature

Date

If you do not agree with information on this Reclassification Request, state what you disagree with and explain below why you disagree. Attach an explanation clarifying the issue(s) of concern if necessary.

IV Supervisor Review

The immediate supervisor must review this application and forward it to Human Resources within five (5) working days of receipt.

Do you support this Request for Reclassification?

☐ Yes ☐ No

Please explain why or why not: (attach additional pages as necessary)

In order to appropriately evaluate this recommendation, it is important to have the supervisor's input. Please provide a detailed response

Supervisor's Signature

Date

V Committee Review

- ☐ This position should be reclassified to:
- ☐ This position should not be reclassified and should remain in the current classification
- ☐ This application should be forwarded to Human Resources for Job Analysis

Rationale:

Committee Chair's Signature

Date

VI Human Resources Review

After review of this application and all submitted materials, the Vice President of Human Resources recommends:

- ☐ This application should be forwarded to the Board of Trustees for adoption.
- ☐ This application should be processed for Job Analysis review.

Vice President, Human Resources Signature

Date