

LOS RIOS COMMUNITY COLLEGE DISTRICT
REQUEST FOR RECLASSIFICATION

THIS FORM IS TO BE COMPLETED BY INITIATING EMPLOYEE, OR SUPERVISOR.

This form (Request for Reclassification) initiated by employee or supervisor shall be submitted to the appropriate administrative officer. The College/District shall commence investigating the request and make a written recommendation within thirty (30) workdays of its receipt. A copy of the request shall be given to the employee/supervisor and if approved by the administrative officer, the original form shall be forwarded to the District Human Resources Office.

Initiated by: Employee <input type="checkbox"/> or Supervisor <input type="checkbox"/>		Date of Submission: <input style="width: 100px;" type="text"/>
Department: <input style="width: 200px;" type="text"/>		Date to Supervisor/Manager: <input style="width: 150px;" type="text"/>
<input type="checkbox"/> ARC	<input type="checkbox"/> CRC	<input type="checkbox"/> FLC
<input type="checkbox"/> SCC	<input type="checkbox"/> Other	<input style="width: 200px;" type="text"/>
<hr/>		
Employee Name: <input style="width: 200px;" type="text"/>		Employee ID: <input style="width: 80px;" type="text"/>
No. of months worked per year: <input style="width: 80px;" type="text"/>		No. of hours worked per day: <input style="width: 80px;" type="text"/>
Current Position: <input style="width: 200px;" type="text"/>		Proposed Position: <input style="width: 200px;" type="text"/>
Length of time on current job: <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/>		Length of time with District: <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/>
<small>Years Months</small>		<small>Years Months</small>

Please use additional paper if needed.

1. Detail very specifically the ways in which existing or proposed duties and responsibilities of the position exceed the duties and responsibilities outlined in the job description for this position.

2. Is the employee performing these duties now? Has the employee been temporarily reclassified to this position? If so, how long? What percentage of time?

3. Have these duties been assigned? Yes No
If yes:

(A) When?

(B) By whom?

4. Provide rationale for recommending/not recommending this reclassification and any additional information that will assist in evaluating this request.

5. Please indicate what budgetary implications must be considered if this request were to be granted or denied.

6. Attach a copy of the current job description and a copy of the job description under which you believe the additional duties and responsibilities fall. Highlight areas of increased responsibility.

Initiator's Signature: _____

SIGNATURE PAGE

Recommendation: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
_____ Supervisor/Manager	_____ Date
Recommendation: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
_____ Vice President of Administration/Associate Vice Chancellor	_____ Date
Recommendation: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
_____ President/Vice Chancellor	_____ Date

Please Note: Once approved by Chancellor's Executive Staff, the Request for Reclassification will be placed on the Agenda to the Board of Trustees. Once approved by the Board of Trustees, then the Request for Reclassification will be processed for salary adjustment effective on the date the employee submits a completed Request for Reclassification form to his or her immediate supervisor, or the date the immediate supervisor initiates a Request for Reclassification, whichever is earlier.

cc: Appropriate Deans/Vice Chancellor/Director
 President/Executive Vice Chancellor
 Classified Manager
 Department Manager

Analysis
Request for Reclassification

Employee _____ Date of Request _____

Current Classification _____

Proposed Classification _____

List the major job duties currently assigned to the employee in order of responsibility (Item 1 being the duty that requires the most responsibility). List the approximate percentage of time spent performing each duty. *Identify with an asterisk those duties that are not in the current job description (Use additional pages if needed.)	Percentage of time
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	

After an analysis of the above request, I support cannot support the request for these reasons:

Immediate Supervisor (Signature)/Manager Date