

Tulare County
Office of Education

Jim Vidak, County Superintendent of Schools

To: Classified Employees

From: John Rodriguez, Director of Human Resources

RE: RECLASSIFICATION

Reclassification is the redefining of a position to account for **changes in duties, responsibilities, or work that alters the nature of the classification**. Reclassification is NOT compensation for additional duties of the same kind already designated in the position. Reclassification is NOT compensation for an excessive workload. Reclassification is NOT who is doing the job, or how well that individual does the job. Reclassification is NOT an incentive plan or merit system which recognizes an employee's long and loyal service or outstanding performance record. Reclassification is NOT compensation for the degree of authority, level of supervision and/or training, complexity of responsibilities, or mental and physical demands of the position already weighed as factors for the existing position.

If you believe that the duties which you are currently performing are **different than your current job description**, or that the level of responsibility or type of work that you are performing **has changed the nature of the job classification**, then you are encouraged to complete this application packet.

The application must be completed and turned into Human Resources by January 31st. One copy must also be sent by the applicant to the CSEA president. Applications must be submitted by the appropriate deadline in order to be considered.

Employees need to know that applications for reclassification are not "automatically" granted, they are subject to the negotiation process. The Office will meet with CSEA to consider each application individually. Reclassifications may be granted, denied, or granted with a different salary range, based on the results of the negotiation process.

If the nature of your duties has not changed, but you feel the position needs to be studied for salary adjustment, you are encouraged to contact your CSEA representative to receive a salary equity application. Salary adjustments, other than reclassification, shall be submitted to CSEA during the month of January for research and possible inclusion during regular contract re-openers.

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6200 S. Mooney Blvd., P.O. Box 5091
Visalia, CA 93278-5091

REQUEST FOR CLASSIFICATION REVIEW - Classified Personnel

1. Name _____ SS# _____
2. School/Department _____
3. Name of immediate supervisor _____
4. Present job title _____
5. Hours per day _____ 10 month _____ 11 month _____ 12 month _____
6. Original hire date _____
7. Beginning date in current position _____
8. Reclassification title and range requested _____

9. Attach current job description.
10. Indicate how you receive the majority of your work assignments.
_____ Work is assigned by supervisor who tells me how it is to be done.
_____ Work is assigned by supervisor, but I decide how to complete it.
_____ I have responsibility for certain duties, and I know when and how to do them.
_____ I develop projects as needed and decide when and how to do them.

JUSTIFICATION FOR REVIEW

What duties do you perform and/or what responsibilities have you assumed in your present position that lead to this request for a reclassification?

Please use this space to describe any part of your job which falls outside your current job description. After you have listed the duties, please indicate how often you perform each duty by using a D for daily, W for weekly, M for monthly, or Y for yearly.

<u>Duty Statements</u>	Frequency <u>D/W/M/Y</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____

(Attach additional pages if necessary)

Are there other employees in the same classification? Yes____ No____

Could this request affect others in the same classification? Yes____ No____

If you have completed each applicable question, please sign and date the application in the spaces provided below and give it to your supervisor for completion of the Supervisor's Review section.

Employee's Signature

Date

Supervisor: Please complete this portion of the application and return it to the employee within five (5) days.

SUPERVISOR'S REVIEW

- 1. Have you carefully reviewed this completed application, and does it accurately reflect the duties of the employee? ___Yes ___No

- 2. If no, please explain your concerns, making reference to the numbered item in the application. (Please do not change information in the application).

- 3. Are there any additional duties that you see as a supervisor which were omitted by the applicant that need to be considered?

- 4. Have you discussed this information with this employee? Yes___ No___

Signature of Supervisor

Date

