MADERA UNIFIED SCHOOL DISTRICT
REQUEST FOR RECLASSIFICATION PACKET

INTRODUCTION:

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 new or additional duties of the same kind already designated in the position's job description or for those duties overlapping with another 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 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 in as factors for the existing position and upon which compensation was considered.

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 such that it warrants reclassification to a higher level position, then you are encouraged to complete this application packet.

The application must be completed and turned into Human Resources between November 1 and November 30th to be considered for corrective action during that year. Applications will be processed on timelines set forth in the classified bargaining agreement, attached for reference.

At the time of submission:

1. One copy must be provided to the Assistant Superintendent of Human Resources or designee, who shall date stamp and sign the first page, prepare a copy, and provide the employee with a copy of that page.
2. One copy must be provided to the Personnel Commission's office, where the first page shall be dated and signed, a copy shall be prepared, and the employee shall be given a copy of that page.

Applications must be submitted to both locations within the appropriate time period to be considered.

Employees need to know that applications for reclassification are not "automatically" granted, they are subject to analysis for merit. Applications involving inconclusive findings or which warrant creation of a completely new classification may be subject to the negotiation process.

MUSD BOARD APPROVED: NOVEMBER 18, 2014
MOTION NO. 82-2014/2015
DOCUMENT NO. 167-2014/2015

REQUEST FOR RECLASSIFICATION – Classified Personnel Info Summary – FORM AB

A. BASIC INFORMATION:

1. Name_____ SS# Last 4 digits _____
2. School/Department_____
3. Name of immediate supervisor_____
4. Present job title_____
5. Hours per day_____ 6. Current Duty Calendar/Contracted Days of Service: _____
6. Beginning date in current classification _____
7. Reclassification title and range requested_____

_____

8. ***Attach both your <u>current job description</u> and <u>proposed job description</u>. Cite the source for any proposed job description if that job description came from a resource outside Madera Unified School District.*** Job Descriptions Attached _____ (Check this box once attached.)
9. Indicate how you receive the majority of your work assignments related to this request.

_____ 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 determine what work to do and how to do that work.

B. JUSTIFICATION FOR REVIEW

10. What duties do you perform and/or what responsibilities have changed or been assumed in your present position that lead to this request for a reclassification? (Attach additional pages if necessary.)

11. Please use this chart to describe any part of your current duties which fall outside of your current job description. After you have listed the duties, please indicate how often you perform each duty by using a D=Daily, W=Weekly, M=Monthly, Q=Quarterly, A=Annually, or O=Occasionally.

What Duties Have Been Added to the Position?	Frequency (D,W,M,Q,A,O)	Additional Comments

(Attach additional pages if necessary)

12. Are there other employees in the same classification? Yes____ No____

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

14. Do you believe the added duties will be assigned on a continuing basis? Yes____ No____

B. Justification Continued . . . . (Attach additional pages if necessary.)

15. What new skills does your current position now require that are different from your job title? Please give examples:

16. What new duties are involved or developed by the position and how are they carried out? Please give examples:

17. Please list any new certifications, licenses, trainings that are now required for the current position:

18. Please list any trainings that have been assigned by the supervisor that are outside the scope of your current job description:

EMPLOYEE SIGNATURE

DATE

REQUEST FOR RECLASSIFICATION - Supervisor's Statement and Input – FORM C

SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____

Employee Name: _____

Current Classification: _____

1. Have you carefully reviewed the employee's completed Form AB 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. If the employee is performing work which justifies an upward reclassification or creation of a higher level position, do you anticipate an ongoing need for that work or is that work temporary in nature? Please explain:

5. Have you discussed this information with this employee? Yes_____ No_____

6. Are there any concerns, conflicts or limitations regarding reclassification that the District, Personnel Commission or bargaining unit may need to take into consideration regarding this employee's application?

Supervisor Recommendation:

☐ Reclass existing position ☐ Create Entirely New Position ☐ No Action Necessary

☐ Compensate Out Of Class Work Temporarily as Need is Not Permanent

SUPERVISOR'S SIGNATURE DATE

REQUEST FOR RECLASSIFICATION – Assistant Superintendent of HR Response – FORM D

HUMAN RESOURCES REVIEW (Please attach additional pages if necessary.)

Employee Name: _____

Current Job Family: _____

Current Classification: _____

1. Have you carefully investigated the information provided in both Form AB and C? _____Yes _____No

2. Based on your investigation into the information provided in Forms AB and C, does there appear to be out of class work being performed? _____ Yes _____ No Please identify your observations:

3. Are there any additional duties that you discovered by the applicant and/or supervisor to consider?

4. If the employee is performing work which justifies an upward reclassification or new position, do you anticipate an ongoing need for that work or is that work temporary in nature? Please explain:

5. If any work is identified in Form AB or C that is overlapping duties, please identify?

6. Have you discussed this information with the supervisor? Yes_____ No_____

7. Are there any concerns, conflicts or limitations regarding reclassification that the District, Personnel Commission or bargaining unit may need to take into consideration regarding this employee's application?

Recommendation of the Assistant Superintendent of Human Resources:

☐ Reclass existing position ☐ Create Entirely New Position ☐ No Action Necessary

☐ Compensate Out Of Class Work Temporarily as Need is Not Permanent

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A. If you checked the box "Reclass existing position," what position should the applicant's position be reclassified to:

Job Title:

B. If there is an explanation for checking "no action necessary," please summarize the primary explanation:

C. If you checked the box "Create Entirely New Position," what new position do you recommend?

ASSISTANT SUPERINTENDENT OF HR SIGNATURE DATE