

RECLASSIFICATION PROCEDURE

Petition

Unit members or their supervisors may petition for a review of position classification through submission of a "Request for Reclassification Review" form to Human Resources and AFSCME Local 258. Petitions shall be submitted by January 10. Any changes in the Request for Reclassification Review form shall be mutually agreed upon between Human Resources and AFSCME Local 258.

Board of Review

Properly completed Request for Reclassification Review forms will be screened by the Board of Review composed of:

- two classified unit members (when possible from the requesting individual's classification or occupational group and the classification or occupational group to which the individual is requesting reclassification). These members shall be appointed by AFSCME Local 258;
- one supervisor or management employee;
- one additional individual selected by the Board of Review; and
- the Director for Classified Personnel or his/her designee.

The Board of Review shall be responsible for determining if there exists justification to conduct a full study of the position. Decisions shall be made by majority vote. In evaluating the request for review, the panel shall consider the following:

- a. The level and nature of the duties and responsibilities the employee is regularly required to perform which are not covered by his/her job description.
- b. How the employee came to be assigned duties and responsibilities not covered by his/her job description (i.e., expansion in the functions of the school or office, or possession by the employee of special skills or abilities.)
- c. Comparison of the employee's actual duties as shown on the Request for Reclassification Review with the duties shown on the job description.
- d. Internal relationships (i.e., classified salary schedule).
- e. Information given by the employee and the employee's supervisor to the Board of Review upon request.

Decisions of the Board of Review shall be communicated by the Chairperson to the petitioner with the reasons for its decision. Decisions of the Board of Review to accept or deny the petition for study shall be final. However, an employee may re-petition for consideration the next year.

Reclassification Study

Upon acceptance of a request for study, the Board of Review shall conduct a reclassification study as follows:

- a. Interviews with the individual, their supervisor and may include persons serving in similar positions.
- b. Review of the individual's Request for Reclassification Review and Request for Reclassification Reviews prepared by individuals serving in similar positions.
- c. Review of the official job description.
- d. May include on-the-job audit(s).
- e. May include comparisons of salary survey data from other districts.

Upon analysis of the results of this study, the Board of Review by majority vote approves or denies the request. Recommendations of the Board of Review are then forwarded through Human Resources to the Superintendent's Cabinet for final approval. Recommendations will be completed no later than May 1 and will be recommended to the Board of Education with an effective date of July 1.

AFSCME REQUEST FOR RECLASSIFICATION REVIEW

Instructions: *Employee requesting reclassification review of their position must complete section "A" which includes a complete statement of his/her justification. The employee then forwards this form to his/her immediate supervisor to complete. Section "B". Supervisor returns completed form to employee. Employee is responsible for delivering the completed form to Human Resources prior to the **deadline of 5 P.M. on January 10.** (If January 10 falls on a weekend, the deadline will be the Friday before.)*

SECTION A

to be completed by employee

Name: _____ SS#: _____

Site: _____

Phone Number: _____

Present Classification: _____

Classification Requested: _____

(must be an established position within the AFSCME bargaining unit)

Immediate supervisor: Name: _____

Title: _____

Justification for Review: *Prepare a written statement which explains in detail your reasons for requesting this classification review. Identify and list new duties and responsibilities added to the position which are inconsistent with the present position classification specifications (job description). Provide any supporting documentation you feel would be helpful for the committee in making their decision. Attach your justification statement for this form.*

Employee's Signature

Date

AFSCME REQUEST FOR RECLASSIFICATION REVIEW

SECTION B

to be completed by supervisor

Please read the statement in section "A" prepared by the employee and write a response detailing why you agree or disagree with the employee's assessment of current duties and responsibilities. Describe specifically why these new duties were assigned (i.e., additional departmental responsibilities, loss of personnel, reorganization). Include any additional information the committee should consider when evaluating this request for review.

*Attach your statement to this form. Return the completed form to the employee who is responsible for returning it to Classified Human Resources prior to the **deadline of 5 P.M. on January 10.** (If January 10 falls on a weekend, the deadline will be the Friday before.)*

Administrator's Signature

Date