Job responsibilities may change over a period of time, due to growth of the district, changing technology, increase or decrease of enrollment or staff, or changing needs of a department. If anticipated or actual changes substantially alter a job assignment, a change in job classification may be necessary. In order to provide fair and consistent standards for reclassification requests, the criteria used in the original classification of positions will be used to evaluate the appropriateness of the requested changes.

The criteria are:

1. **Knowledge**: the mental capability required to learn and perform the job competently.

2. **Physical requirements**: the coordination and manipulative skills and the level of exertion required to perform work competently.

3. **Interpersonal relations**: the importance and difficulty of conducting interpersonal relations in performing the job competently.

4. **Work environment**: the need to perform under less than optimal working conditions.

5. **Responsibility**: the magnitude of accountability for the work results to the department and the district.

An individual considering making a request for reclassification should review the current job description to determine if job responsibilities have changed substantially and permanently, in order to support the request for review. Reclassification is not a system for rewarding excellent performance, nor a substitute for evaluation. It is designed to recognize changes in a growing school organization that place changing demands on positions and departments.

**Reclassification Requests:**

Reclassification requests may be initiated by an employee, a supervisor, or the superintendent. If an individual believes that a reclassification is appropriate, the following steps will be followed:

1. Complete a Reclassification Request form below or available in the Human Resources Office.

2. Submit completed form to the employee’s immediate supervisor. (Identified on the job description).

3. The supervisor will complete the supervisor’s section of the Reclassification Request form and forward it to the Human Resources Office, prior to January 1 for review Period A, and prior to July 1 for review Period B.

4. The Human Resources Office will verify accuracy, completeness, and timeliness of the request.
5. The Human Resources Office will schedule a meeting of the Reclassification Committee. The committee will forward a written recommendation on each request to the Human Resources Office. Copies will be forwarded to the PSE President and the superintendent.

6. The Superintendent, after review of the reclassification request and the committee’s recommendation, will make a final decision on the appropriate classification of the position, and will forward the forms to the Human Resources Office.

7. The Human Resources Office will notify the employee, the supervisor, the committee members and the PSE President of the final decision of the reclassification request. If approved, the Human Resources Office will notify the Payroll Office of the effective date and salary rate change. This step will be completed within twenty-one (21) calendar days of the superintendent’s receipt of the request.

**Reclassification Salary Adjustments**

1. When a reclassification is from one position to another within a general job classification category, the employee shall retain his/her current salary schedule step. Previous district experience in the same general job classification category shall count towards step three.

2. If a reclassification is to a position outside the general job classification category, the employee shall begin his/her new position at step one on the salary schedule.

3. When a reclassification provides for a drop in salary, the employee’s salary rate will be frozen at the current rate until the salary schedule matches or exceeds that rate.

**Time Lines:**

A request for reclassification may be initiated at any time a major change in assignment is made. Normally, major changes will be made to coincide with a new school year. In order to consider budgetary implications of such changes, requests must be submitted with Supervisor’s input to the Human Resources Office between November 1 – January 1 for Period A; May 1 – July 1 for Period B. The Reclassification Committee recommendation shall be submitted to the Superintendent no later than February 1 for Period A; September 1 for Period B.

Time lines identified in the procedures will be followed unless unusual conditions interfere with the normal process.

Reviewed 12/14
PART 1: NAME ________________________________________________________________

CURRENT JOB TITLE __________________________________________________________

REQUESTED JOB TITLE ________________________________________________________

WORK LOCATION ___________________________ SUPERVISOR _______________________

I have read the guidelines for reclassification and believe that there is sufficient support for consideration of my request. The following responsibilities, training and/or qualifications have changed as noted:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Signature ___________________________ Date ________________________________

(If additional space is needed, attach a page to this form) Attach a current job description.

PART II: SUPERVISOR’S REVIEW

I agree/disagree (circle one) with the request for the following reasons:

_____________________________________________________________________________

_____________________________________________________________________________

Signature ___________________________ Date ________________________________

PART III: HUMAN RESOURCES REVIEW

The information received and recorded is accurate and timely.

Signature ___________________________ Date ________________________________

PART IV: RECLASSIFICATION COMMITTEE’S DECISION

The committee agrees/disagrees (circle one) with this request for the following reasons:

_____________________________________________________________________________

_____________________________________________________________________________

Signature ___________________________ Date ________________________________

PART V: SUPERINTENDENT’S DECISION

This request is approved/disapproved (circle one) for the reason(s) noted below:

_____________________________________________________________________________

Signature ___________________________ Effective Date _____________________________