

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: _____
Department: _____		Date to Supervisor/Manager: _____
<input type="checkbox"/> ARC <input type="checkbox"/> CRC <input type="checkbox"/> FLC <input type="checkbox"/> SCC <input type="checkbox"/> Other _____		
Employee Name: _____		Employee ID: _____
No. of months worked per year: _____		No. of hours worked per day: _____
Current Position: _____		Proposed Position: _____
Length of time on current job: ____ / ____ Years Months		Length of time with District: ____ / ____ Years Months

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 Denied

Supervisor/Manager Date

Recommendation: Approved Denied

Vice President of Administration/Associate Vice Chancellor Date

Recommendation: Approved Denied

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 _____

Table with 2 columns: Job duties and Percentage of time. Includes instructions to list major job duties and identify those not in the current job description.

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

Immediate Supervisor (Signature)/Manager _____ Date _____