



Reclassification Evaluation Request
HARD COPY OF REQUIRED FORMS MUST BE SUBMITTED

Current Employment Group Placement

- EDUCATION SUPPORT PROFESSIONAL
 EXECUTIVE/PROFESSIONAL

Requested Employee Group Placement

- EDUCATION SUPPORT PROFESSIONAL
 EXECUTIVE/PROFESSIONAL

The District strives to ensure that all positions within the District are appropriately classified based on the needs of the position, job requirements, and responsibility level. District 11 will consider request to review changes to a position twice a year in October and February. The responsibility of determining salary placement and paygrade rests with Human Resources. The responsibility of determining the ability to fund the requests rests with Financial Services .

Guidelines for having the position evaluated:

1. At least 25% of the positions essential functions have changed on a recurring basis. The changes should be permanent to the position and not a temporary change based on a project.
2. Factors considered in the evaluation process include but are not limited to; nature or type of work performed, impact of the position on the district and/or department, scope of duties, supervision received, supervision exercised and/or whether or not the request is based on a need vs a want/desire for the position
3. Factors not considered in the evaluation process include but are not limited to; performance, longevity, unusual qualifications, retention issues, financial need, increased workload or volume of work and/or future projects.
4. A position may only be reviewed for evaluation once per school year, unless something specific has changed since the last evaluation request to warrant a new review.

Process for evaluation request:

1. Human Resources will make the Position Evaluation Request form available under Employee Resources on the HR web page for employee access.
2. Educational Support Professionals and Executive-Professional employees can complete the required packet requesting an evaluation of their paygrade placement by Human Resources.
3. Supervisor will review the requested evaluation and provide comments in the box below and then choose to support or not support the request. All evaluations will be submitted to the Division Head regardless of supervisor support.
4. The Division Head will review the requested evaluation and provide comments in the designated box below to either support or not support the request. All Position Evaluation Request forms will be submitted to Human Resources regardless of Division Head support.
5. Requests not supported by the Supervisor or Division Head will be evaluated by HR. If HR supports the request, the Reclassification request will be presented to the appropriate Reclassification Committee. The committee will either support or not support the request. After the committee hears the reclass request, the request will be returned to Human Resources for final consideration.
6. Human Resources considers the evaluation request and approves or denies the request. If the request is approved, the Reclassification Evaluation Request is routed to Executive Cabinet for review. If Human Resources denies the request the employee will be notified of the decision.
7. Executive Cabinet will evaluate all Human Resources approvals. Executive Cabinet will discuss the evaluation and provide Human Resources with the final decision. If the Reclassification Evaluation Request is approved, the request is returned to Human Resources for notification.

Reclassification Evaluation Request

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EMPLOYEE'S NAME: _____

Location: _____

Position _____

Contract Days: _____

1. What prompted the Reclassification Evaluation Request for this position?

2. In addition to the red-lined version of the job description please describe how the essential functions of the position have changed by at least 25%. Please include the responsibilities that have been added, expanded or evolved.

3. What responsibilities have been removed from this position?

4. Are there any policy changes or other requirements that made the changes to the position necessary? Please be specific in your response.

5. Is there anything else that should be considered with this request?

Important!

Please submit a red-lined version of the job description that reflects the changes that have occurred for this position.

Employee Signature:

Date:

Supervisor Comments:

Supervisor Signature:

Date:

____ Support

____ Does not support

Division Head Comments:

Division Head Signature:

Date:

____ Support

____ Does not support

Human Resources Comments:

Director of Compensation Signature:

Date:

Executive Director of Human Resource Signature:

Date:

Executive Cabinet Comments:

Chief of Personnel Services Signature:

Chief of Operations Signature:

Superintendent Signature:

Date:

_____ Approve

_____ Deny