

Date Received by PSS:
Date Supervisory Comments Received:
Date Reviewed by Reclassification Committee:
Date Completed:

LAKE ELSINORE UNIFIED SCHOOL DISTRICT
POSITION RECLASSIFICATION REQUEST
ATTN: PERSONNEL SUPPORT SERVICES – RECLASSIFICATION COMMITTEE
BARGAINING UNIT MEMBERS SHALL ONLY SUBMIT A RECLASSIFICATION REQUEST ONCE PER FISCAL YEAR

This form is designed to assist you in describing your position. Please fill out this form completely. If a question does not apply to your position, please write "N/A" for that item.

Employee Name _____ Date _____

Phone: Home: _____ Cell: _____ Work: _____

Name of Person making request if other than the unit member: _____

Current Title/Position _____ Current Location/Dept. _____

Current Work Year: _____ Days _____ 10 mo _____ 11 mo _____ 12 mo

Supervisor _____

Length of time in current position _____ District Hire Date: _____

POSITION RECLASSIFICATION WORKSHEET <u>This questionnaire must be hand delivered to Personnel Support Services</u>

1. Desired Position / Classification _____
2. If you believe you are working out-of-class, list the specific duties/responsibilities that you feel are the cause:

3. The bargaining unit member must review and compare his/her current job description and the job description of the desired position.
4. Please attach additional pages with any important factors, information and rationale to support this request, if needed.
5. Complete the Reclassification Request Form, attaching all appropriate documentation.
6. Submit the completed forms to the District Office Receptionist in Building A.
7. Deadlines for submission are from the first working day in September through the last working day in September.
8. The bargaining unit member will be interviewed by the Reclassification Committee.

All questions must be answered for final consideration of the request.

1. In your own words, describe your duties. List them in order of importance.
 - Estimate the amount of your working time spent on each duty.
 - Use percentage or number of hours or days.
 - Indicate when a specific duty is only performed during a certain period of the year.
 - If each duty was “assigned” by your supervisor or by your job description at the time you started (S) in this position, check the (S) column. If the duty was added at a later date by your supervisor, check the (ADDS) column. If you assumed the duty on your own and it was not specifically assigned by your supervisor or by your job description, check the (OWN) column for that duty.

Example: **S** Assigned by Supervisor or by job description when you started in the position

ADDS Added by Supervisor after you started in the position

OWN Added or assumed on your own

LIST DUTIES IN ORDER OF IMPORTANCE	S	ADDS	OWN	% or time
I enter data into various software programs.	X			10 % of time
I create spreadsheets to track specific data.		X		2 hours per day
I create new forms for other personnel within the office to utilize.			X	2 hours per year

LIST DUTIES IN ORDER OF IMPORTANCE	S	ADDS	OWN	% or time

Attach additional pages if necessary
Percentage should equal 100% or total of Work Day Hours

2. Why do you consider the first duty listed as your most important duty?

3. Please comment as to why you added duties that you marked as ADDS on the previous page.

4. Please comment as to why you added duties that you marked as OWN on the previous page.

5. A) Which of your duties do you think requires the greatest knowledge or skill?

B) How did you acquire this knowledge or skill?

6. How do these additional duties impact your overall responsibility and authority?

7. Describe how these additional duties affect the qualifications (knowledge, abilities, education, experience, licenses and certifications) required for your classification.

8. What personal contacts with employees outside your area of assignment or with the public are required by your job? What is the purpose for these contacts?

9. What special machines or special equipment are you required to operate as a normal part of your duties?

List of Equipment, Tools, & Materials		Occasionally, Infrequently, Daily, Weekly, Monthly, Annually
1		
2		
3		
4		
5		
6		

Attach additional pages if necessary

10. During the past two years, what duties have been removed from your position? Please explain.

11. List other changes that have taken place in your position, such as the level of supervision received, policy or procedural changes, new tools or equipment, new processes, etc.

12. Do you decide how the work in your job will be done and in what priority different tasks will be done? _____ If Yes, explain how you do this.

13. Explain how your immediate supervisor helps you, instructs you and checks your work.

14. What kinds of decisions do you make without conferring with your immediate supervisor?

15. Do you function in a lead capacity?_____ If yes, answer questions 16 – 27.

If no, answer only questions 23 – 27.

16. I lead these employees: (Name, Title)

17. Do you assign the work to employees? _____
If yes, how?

18. Do you prioritize the tasks to be performed by employees? _____
If yes, how?

19. Do you participate in the selection of employees? _____
If yes, how?

20. Do you participate in the training of employees? _____
If yes, how?

21. Do you participate in the evaluation of employees? _____
If so, how?

22. Do you follow-up on areas of employee training that require improvement?
If yes, how?

23. How long have your duties and responsibilities been substantial as you have described them here?

24. How do these additional duties impact your overall responsibility and authority?

25. Have you ever requested that your position be studied for reclassification? _____

If yes, when? _____

Why was no action taken at that time?

26. What new classification (position title) are you proposing, if any?

27. Please list all the reasons you believe your position should be reclassified.

Print your Name_____

Signature_____

Date _____