KYRENE SCHOOL DISTRICT

RECLASSIFICATION REQUEST FORM

TO: *Talent Management*

FROM: _____

DEPARTMENT/DIVISION: _____

DATE OF HIRE IN CURRENT POSITION: _____

Current Classification: _____ *(classification listed on the website)*

Upon review of my current classification and my duties and responsibilities with my supervisor, I am formally requesting that my classification be reviewed. I understand that the Committee for Reclassification will review the information submitted in this document, along with information provided by my immediate supervisor, my department head and my division head. Submission of this request in no way implies that a reallocation of my position to another classification will occur.

Basis for request: (check all that apply)

1. Essential duties performed have changed or are different than the class specification
2. Training and experience requirements have changed or are different than the class specification
3. Standards of performance have changed requiring different knowledge skills or abilities
4. Initial placement decisions were made on inaccurate information

_____ _____

Employee Signature Date

KYRENE SCHOOL DISTRICT

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EMPLOYEE NAME: _____

CURRENT CLASSIFICATION: _____

REQUESTED CLASSIFICATION: _____

Please specify why you do not believe the proposed classification is correct for your position/classification. Specify how your position differs from the current class specification. If you believe that the minimum qualifications or required knowledge and skills are inappropriate, please indicate what qualifications are appropriate and why. ***(Use additional sheets if necessary)***

Please specify why you believe the requested classification is more appropriate for your position/classification than the current classification. Relate duties you perform to the essential duties, class concept and minimum qualifications listed for the requested classification. ***(Use additional sheets if necessary)***

_____ _____

Employee Signature **Date**

Employee: Complete and forward this form to your immediate supervisor for review and comment. Your supervisor will review your request, make comments as appropriate and then forward it to his/her department head for review and comment. Be sure to allow sufficient time for supervisor, department head, and division leader review. **It is the employee's responsibility to ensure the request is submitted to Talent Management, Attn: Ruth Covarrubias no later than Friday, November 20, 2026.** Reclassifications must include supervisor, department head, and division leader's comments and signatures before submitting. You should begin the process at the **administrator's** level who directly supervises your work.

Supervisor Comments

Add comments below:

_____ _____

Supervisor's Signature **Date**

Supervisor: Complete and forward this form to your department head. (S)He will review this request and comment as appropriate and then forward it to your division leader for review. Your signature does not indicate agreement with the request, but simply that the document has been reviewed**. Please note that all reclassification requests must be filed with Talent Management, Attn: Ruth Covarrubias no later than Friday, November 20, 2026.** Reclassification requests must be reviewed by the immediate supervisor, the department head and the division leader.

Department Head Comments

Enter comments below:

_____ _____

Division Manager's Signature **Date**

Department Head: Complete and forward this form to your division leader. (S)He will review this request and comment as appropriate and then forward it to Human Resource Services Division for action. Your signature does not indicate agreement with the request, but simply that the document has been reviewed**. Please note that all reclassification requests must be filed with Talent Management, Attn: Ruth Covarrubias no later than Friday, November 20, 2026.** Reclassification requests must include division leader comments and signature.

Division Leader Comments

Enter comments below:

_____ _____

Department Head Signature **Date**

Division Manager: Complete and forward this form to Talent Management. Your signature does not indicate agreement with the request, but simply that the document has been reviewed. The reclassification committee will review this request for action**. Please note that all reclassification requests must be filed with Talent Management, Attn: Ruth Covarrubias no later than Friday, November 20, 2026.**

KYRENE SCHOOL DISTRICT

RECLASSIFICATION RESPONSE FORM

1. This position is to be reclassified as:

2. This position is appropriately classified as:

3. Other:

_____ _____

Assistant Superintendent **Date**