

**CHABOT-LAS POSITAS COMMUNITY COLLEGE**

**DISTRICT REQUEST FOR RECLASSIFICATION**

EMPLOYEE RESPONSIBILITY:

1. An employee applying for reclassification must complete this packet with all requested documents attached and submit to the Vice Chancellor, Human Resources and supervisor (or manager if no supervisor) by July 1.
2. It is the responsibility of the employee to send a copy of the completed packet to the Union Chapter President.

<p><b>EMPLOYEE INFORMATION</b></p>
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**NAME:** \_\_\_\_\_ **Phone No.** ( ) \_\_\_\_\_

**CURRENT TITLE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**SUPERVISOR NAME:** \_\_\_\_\_

**REQUESTED TITLE:** \_\_\_\_\_

ARE YOU REQUESTING RECLASSIFICATION TO AN EXISTING CLASSIFICATION OR A NEW CLASSIFICATION?

REQUEST RATIONALE: \_\_\_\_\_

(A EMPLOYEE WHO HAS APPLIED FOR RECLASSIFICATION MAY NOT APPLY FOR ANOTHER RECLASSIFICATION FOR AT LEAST TWO YEARS FROM THE DATE OF THE LAST RECLASSIFICATION REQUEST.)

Last date that you applied for reclassification? \_\_\_\_\_

**SUPERVISOR AND/OR MANAGER RESPONSIBILITY:**

1. The supervisor and/or manager is responsible to review for accuracy and initial all duties that have been added or changed (page 2 of the reclassification packet).
  2. It is the responsibility of the supervisor and/or manager to inform his/her superiors and appropriate College President or Chancellor that a reclassification request has been submitted.
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REQUEST FOR RECLASSIFICATION REVIEW (continuation)

Name: \_\_\_\_\_

DATE ADDED OR CHANGED		% of time performed	SUPERVISOR AND / OR MANAGER INITIALS
_____	11. _____	_____	_____
_____	12. _____	_____	_____
_____	13. _____	_____	_____
_____	14. _____	_____	_____
_____	15. _____	_____	_____
_____	16. _____	_____	_____
_____	17. _____	_____	_____
_____	18. _____	_____	_____
_____	19. _____	_____	_____
_____	20. _____	_____	_____

Duties that have been assigned to your position must be initialed for accuracy by your supervisor and/or manager in the right hand column.

REQUEST FOR RECLASSIFICATION REVIEW (continuation)

Name: \_\_\_\_\_

**B. SUPERVISION EXERCISED**

Do you exercise supervision over any employees? Yes  No

If yes, please list the name, job title and level of each employee that you supervise. In the right hand column, indicate whether you provide INDIRECT or DIRECT supervision. Indirect Supervision - you are responsible for assigning, monitoring and reviewing the tasks and duties performed. Direct Supervision - In addition to Indirect supervision, you participate in, or are responsible for, discipline, grievances, and formal performance evaluations.

EMPLOYEES	JOB TITLE	TYPE OF SUPERVISION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the total number of employees that you are responsible for supervising:

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary, On-Call \_\_\_\_\_ Students \_\_\_\_\_

**C. JOB RELATED REQUIREMENTS**

Please describe the basic knowledge that the employees must possess in order to perform the work. Do not include information that can be learned on the job, i.e. policies of the department, a specific software package. Show only the knowledge that is essential for full performance of the work, not the knowledge that the employee personally possesses.

Kind of Knowledge: \_\_\_\_\_

How Used: \_\_\_\_\_

Kind of Knowledge: \_\_\_\_\_

How Used: \_\_\_\_\_

Kind of Knowledge: \_\_\_\_\_

How Used: \_\_\_\_\_

REQUEST FOR RECLASSIFICATION REVIEW (continuation)

Name: \_\_\_\_\_

Kind of Knowledge: \_\_\_\_\_

How Used: \_\_\_\_\_

Kind of Knowledge: \_\_\_\_\_

How Used: \_\_\_\_\_

Kind of Knowledge: \_\_\_\_\_

How Used: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor and/or  
Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

**D. FORMS AND DOCUMENTS REQUIRED**

The following materials must be included in order for the reclassification packet to be complete.

**A. COMPLETED APPLICATION**

**B. COPY OF CURRENT JOB DESCRIPTION**

If you do not have a copy of the current job description, please call Office of Human Resources and request a copy of the description.

For additional information or clarification, call the Office of Human Resources.