



## CLASSIFICATION REVIEW REQUEST

### INSTRUCTIONS FOR COMPLETING CLASSIFICATION REVIEW REQUEST FORM AND JOB DESCRIPTION TEMPLATE

Classification review requests are to be submitted ONLY when substantial changes in the assigned duties have occurred. Reclassification review should not be requested to: 1) reward meritorious performance; 2) recognize increases in the volume of work assigned to a position; or 3) address any other minor changes in assigned responsibilities.

#### Steps to follow in requesting a classification review:

- 1) Employee completes the Classification Review Request form (this form) and the Job Description Template.
- 2) Employee signs and forwards the completed documents to the supervisor for review and approval.
- 3) Supervisor reviews the completed documents for completeness and accuracy and adds comments or additional information as needed. **Any changes made to the completed job description by the Supervisor must be communicated to the employee.**
- 4) Supervisor signs all completed documents and attaches both current and previous job descriptions and the unit's current organization chart.
- 5) Supervisor forwards all completed documents to the department head/dean/designee and/or Vice President for signature approval.
- 6) Upon approval, all completed documents shall be forwarded to the Human Resources Department following these instructions:  
**Submit requests to [HR@siskiyous.edu](mailto:HR@siskiyous.edu).**

If the reclassification is approved following the committee's review, the effective date will follow appropriate labor contract policies governing reclassifications.

#### Check off list for submission:

- Classification Review Request
- New Job Description with current and/or proposed job duties
- Job Description of previous job duties
- Unit's current organization chart
- Communicate to employee – any changes made to documents by supervisor or Vice President

Employee Name: _____	Employee ID: _____
College/Admin Unit: _____	
Department/Unit: _____	Current Position #: _____
Current Classification Title: _____	
Requested Classification Title: _____	Requested Position #: _____

**Reason for Review**

Reorganization     Taken on new job duties     Other – Describe:

Position changes – *Describe the changes that have occurred in the position since last review in the space below.*

**Time to Proficiency:** Indicate the minimum level of time required to be fully proficient in the position. **Check only one box.**

One month or less       Three months       Six months       One Year       More than a year

**Comments:**

**Independence of Action:** Indicate the position's independence of action. **Check only one box.**

- Works under general supervision; progress and outcomes are frequently reviewed
- Outcomes are monitored by supervisor/manager; incumbent follows precedents and procedures, sets priorities, and organizes work within general guidelines
- Existing practices are used as guidelines to determine work methods; incumbent works independently and resolves most problems without assistance
- Incumbent sets own goals and determines how to accomplish results with few guidelines to follow, although precedents may exist; supervisor/manager provides broad guidance and overall direction

*Provide a typical example to support your selection above:*

**Budget Responsibilities:** Check the Item(s) below that describe the incumbent's involvement in the budgetary process.

Not Applicable

Plan

Prepare

Forecast

Monitor

Approve

*Describe:*

**Additional Information:** Please describe as clearly and concisely as possible any information that would be important to fully understand the role, responsibilities, nature and scope of the position.

**COMPLETE THIS SECTION ONLY IF THIS POSITION HAS NON-STUDENT SUPERVISORY RESPONSIBILITIES.**

**Supervisory Duties:** Indicate the type and scope of supervisory responsibilities of this position by checking the box that best applies.

Percentage of time spent on (non-student) supervisory duties: %

Are hours of work generally different than the incumbent's immediate supervisor?

Yes

No

Is the work area in a different location than the incumbent's immediate supervisor?

Yes

No

**Please note responsibility for the following duties:**

0 = no responsibility  
1 = may provide input to supervisor  
2 = full authority and/or recommendations almost always followed

**Hiring**

Selects applicants to be interviewed?	0	1	2
Interviews applicants?	0	1	2
Makes hiring decisions?	0	1	2

**Transfer**

Authorizes/approves transfer of employee to another work area?	0	1	2
--	---	---	---

**Suspend**

Issues suspension of an employee?	0	1	2
Writes the substance of a written letter for suspension?	0	1	2

**Promote**

Has authority to promote an employee (reclassification or hire)?	0	1	2
--	---	---	---

**Reward**

Grants merit increases or similar salary adjustments	0	1	2
--	---	---	---

**Direct Work**

Trains or orients new employees in the performance of their job duties?	0	1	2
Rejects or approves work of an employee?	0	1	2
Conducts and/or signs performance reviews as the employee's supervisor?	0	1	2

**Assignment of Work**

Assigns work and directs priorities to employees?	0	1	2
---	---	---	---

**Discharge**

Issues discharge of an employee?	0	1	2
----------------------------------	---	---	---

**Discipline**

Issues oral and/or written warnings to an employee?	0	1	2
---	---	---	---

**Grievances**

Hears and responds to grievances on behalf of the College?	0	1	2
Grants or denies a grievance?	0	1	2

**Supervisory Duties: (Non-Student) Employees Supervised**

Please include number of employees for each classification and whether Short-term/PT/FT.

--

**By entering my name, I am certifying that this information accurately reflects my position.**

Employee	Phone #	Date
Supervisor	Phone #	Date
Dean/Dept. Head (if applicable)	Phone #	Date
Vice President	Phone #	Date

**DO NOT WRITE IN THIS SPACE – FOR HUMAN RESOURCES DEPT USE ONLY**

Date Received:		Due Date:	
No Change:	Class Title:	Position #:	
Salary Plan/Grade:		Hourly Min – Max:	
New Probationary Period:    Yes    No	New Starting Date in Class:    Yes    No		
Effective Date:	If Reclassified, does Incumbent meet minimum qualifications?    Yes    No		
Date Approved:	Approved For:    Reclassification Notice    Letter	Reviewed By:	
Additional Notes:			

## **Appendix**

### ***Responses are required in the following sections of the document:***

#### **Classification Review Request Form:**

Cover Sheet: Provide the employee information requested and include signatures. The reclassification will NOT be processed without the employee and supervisor signatures.

Time to Proficiency: Indicate the minimum level of time required for a new employee to be able to satisfactorily perform the essential responsibilities of the position. Do not just indicate the length of the probationary period. Do not describe how long it takes to learn every aspect of the job.

Independence of Action: Indicate the person's independence of action. Provide specific example(s) regarding how assignments are usually given to the employee and how much oversight and guidance the employee needs during the course of the assignment to accomplish the desired goals.

Budget Responsibilities: Describe the incumbent's involvement in the budgetary process.

Additional Information: Please describe as clearly and concisely as possible any additional information that would be important to fully understand the role, responsibilities, nature and scope of the position.

Supervisory Duties: Complete this section only for positions that have non-student supervisory duties.

#### **Job Description Form:**

Summary: Using a few sentences, describe how the work of the unit and provide the overall objectives for the position.

Essential Functions (Key Responsibilities): Essential functions are the major job responsibilities that an employee must be able to perform, with or without reasonable accommodation. If there are essential functions of the position that are performed less than 10% of the time, include that information in the box at the end of this section.

Scope: The range of activities, duties or responsibilities that is reasonably expected for the position.

Knowledge and skills: Describe the knowledge and skills required for the position.

Minimum and Desired Qualifications:

- a) Education: Indicate the minimum level of work related experience required to effectively perform the position's responsibilities. Do not indicate the experience of the incumbent.
- b) Work Experience: Indicate the minimum level of work related experience required to effectively perform the position's responsibilities. Do not indicate the experience of the incumbent.

Problem Solving: Indicate the nature of the problems regularly encountered by this position. Provide example(s) to support item selected with specifics regarding how much discretion the employee has in deciding how to do things the level of original thinking or creativity may be required.

Physical/Environmental Demands: Describe the physical/environmental requirements of this position. Include whether long periods at the computer terminal or standing at a service counter may be required. It is also important to provide any unusual environmental conditions, such as loud noises, cold temperatures, confined spaces, dust or fumes.