



OUT OF CLASSIFICATION REQUEST

INSTRUCTIONS FOR COMPLETING AN OUT OF CLASSIFICATION REQUEST FORM

Out of Classification requests are to be submitted ONLY when temporary substantial changes in the assigned duties have been requested or occurred. (CSEA, CBA Article 10.4)

Steps to follow in requesting a classification review:

- 1) Employee completes the Out of Classification Request form (this form).
- 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.
- 4) Supervisor signs all completed documents and attaches both the employee's current job description along with the job description of Out of Class duties and 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.

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:

Out of Classification Request

Job Description with current job duties

Job Description with job duties supporting Out of Classification work.

Unit's current organization chart

Communicate to employee – any changes made to documents by supervisor or Vice President

Employee Information			
Employee Name: _____	Employee S#: _____		
Department: _____	Campus: _____	Weed	Yreka
Current Classification Title: _____			
Requested Out of Classification Title: _____			

Reason for Request
Position changes – Describe the changes that have occurred in the position since last review in the space below which supports the Out of Classification request.

Dates of Out of Classification Assignment:
Estimated Start Date: _____ Estimated End Date: _____

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 changes within the position.

By entering my name, I am certifying that this information accurately reflects my position.		
Employee	Phone #	Date
Supervisor	Phone #	Date
Area 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:	
Effective Date:		Out of Classification request meets minimum qualifications? Yes No	
Date Approved:	Reviewed by:		Date Employee Notified:
Additional Notes:			