

## **Classified Employee Job Reclassification**

### **Purpose**

This procedure sets forth the manner in which classified employees may request reclassification of their current position in the district. This procedure is not for the purpose of salary increases. It is meant for use in making recommendations for reclassification in cases where there is a permanent and substantial change of duties and responsibilities, or to examine the job duties of an employee in order to determine if it is the proper classification.

### **Definitions**

**Reclassification:** Movement by an employee, from one job classification to a different job classification on the salary schedule. Reclassification occurs when there is a permanent and substantial change of duties and responsibilities, and the position is better defined by an existing classification.

**Reclassification Committee:** The Reclassification Committee is constituted for the purpose of reviewing reclassification requests made by individual employees of the district. The association President and the district shall each appoint their own representatives to the committee. The committee shall be comprised of two administrators and two classified employees. Each year the district and the association will designate a committee chairperson.

### **Procedure**

In case of a request by an employee for reclassification, the following process will be followed:

1. An employee wishing to be reclassified into an existing position must request from the Human Resources Department the following:
  - a. A reclassification form;
  - b. A copy of their current job description; and
  - c. A copy of the job description for which they are requesting the reclassification.
2. The employee completes the Reclassification Request form and schedules a meeting with their administrator. The employee will explain to the administrator why they believe they are working out of range or classification, and provide a copy of the completed reclassification form, along with the current and proposed job descriptions for the administrator to review.
3. Within 10 working days, the administrator must review the information presented and meet with the employee's supervisor(s) to determine if the duties have changed significantly since being placed in the position. The administrator will review the job description as part of the study.

4. If the administrator concurs that the job has changed significantly, and that a change of classification is warranted, the administrator will sign the Reclassification Request form and submit it to the Human Resources Department.
5. If the administrator does not agree that the job has changed significantly and feels that a change of classification is not warranted, the administrator will meet with the employee to go over the results of the study and discuss why the reason was reached.
6. If the employee is not satisfied with the administrator's response, they may submit the request to the Director of Human Resources. The request must include the original documents, which must include a checkmark in the box stating the administrator does not agree with the request, and the administrator's signature. The administrator will submit a written report to the director of Human Resources outlining the reasons for not approving the request.
7. Within 10 working days of receiving the reclassification request the Human Resources Department will schedule a meeting, and will notify the requesting employee, the administrator, and the committee members of the date, time and location of the meeting.
8. All reclassification materials shall be presented to the committee members for review seven days prior to the scheduled meeting. Upon review of the materials, committee chairpersons may request additional information from the employee and/or the administrator, and may postpone the meeting if it is deemed additional time is needed to accommodate the request. The receipt of the requested information will initiate the remainder of the 10 days.
9. At the review meeting the Committee will enter into deliberations, which will include:
  - a. Presentation of the request;
  - b. Questions concerning the request;
  - c. Analysis of current position responsibilities, comparison of duties of the proposed job description, review of the knowledge, skills, abilities and any specialized training required to perform current and proposed duties, and placement on the salary schedule; and
  - d. Any other pertinent and/or additional information required for committee review.
10. The committee will develop its recommendation and submit it to the director of Human Resources. Within 10 working days of receiving the recommendation from the committee, the director of Human Resources will respond in writing to the employee, supervisor and/or administrator, association President and the association field representative of the decision for reclassification.
11. If the district approves reclassification, the date of reclassification will take effect the first pay period following the date in the current fiscal year (July 1-June 30). For successful reclassification requests dated prior to December 31 of any school year, the committee may request retroactive pay back to July 1 of that year only. For successful requests for reclassification dated January 1 to June 30 of any school year, the committee may recommend retroactive pay only from January 1.
12. If the district approves reclassification, the employee will be placed on the step of the higher pay range that results in an increase in the employee's hourly rate of pay or the step that will give the

employee the equivalent of the cost of living increment above their current salary placement whichever is greater.

13. Timelines described in this procedure may be extended by mutual consent between the district and the association.
14. Appeals will be in accordance with Article 6 of the current Collective Bargaining Agreement between the Oregon School Employees Association and the Springfield School District #19.

# Springfield School District 19

## Classified Employee Request for Reclassification

Pursuant to Article 8.11.3 of the OSEA Current Collective Bargaining Agreement, classified employees may request reclassification of their current position in the District. This procedure is not for the purpose of salary increases. It is meant for use in making recommendations for reclassification in cases where there is a permanent and substantial change of duties or to examine the job duties of an employee in order to determine if it is the proper classification.

Name: \_\_\_\_\_  
(Last) (First) (Mi)

School/Bldg: \_\_\_\_\_ Administrator/Supervisor: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Length of Time in Current Position: \_\_\_\_\_

Last Position (If Applicable): \_\_\_\_\_

Requesting Reclassification to: \_\_\_\_\_

**Section 1: Duties and Responsibilities**

1. In column A, describe in detail your daily duties and responsibilities. Begin with the duties that you consider to be the most important.
2. In the column B, indicate the approximate percent of the total time you spend performing each duty. Attach additional sheets if necessary.

Duties	A - Duties and Responsibilities	B - % of Time
1		
2		
3		
4		

Duties	A - Duties and Responsibilities	B - % of Time
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

**Additional information that may be essential in the committee's decision to recommend reclassification:**

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Employees Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Administrator/Supervisor Name                      Signature    Date

- I **agree** with this request\*
- I **disagree** with this request\*                       I have met with the employee to discuss results of information presented and the reason this decision was reached.

<i>For Internal Use Only</i>		
Reclassification Committee Name:	Signature:	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We **agree** with this recommendation.\*                       We **disagree** with this recommendation.\*

Please briefly summarize your decision:

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