



POSITION RECLASSIFICATION

EDUCATION SUPPORT PROFESSIONAL

EXECUTIVE/PROFESSIONAL

The District strives to ensure that all positions within the District are appropriately classified based on the needs of the position and job requirements. A Job Reclassification Committee was created with the intent of assisting the Director of Compensation in grading new jobs submitted for review or completing reviews of existing titles. The committee shall consist of seven (7) members who are representative of each job family. Membership will last for three (3) years and will be staggered to assure continuity in the job evaluation process.

The reclassification committee is responsible for reviewing all reclassification requests and making recommendations regarding routine employee reclassification requests that have been initiated by individual employees through their supervisors, and with approval from their division head. This committee will meet one time per school year (November) to discharge its official duties.

PROCESS:

1. If an incumbent believes that their position should be reviewed for reclassification they should discuss with their immediate supervisor.
2. If an immediate supervisor believes a position should be reviewed for reclassification they should complete the attached form.
 - a. This form must contain a rationale for the reclassification.
 - b. This form must be signed by the requestor.
 - c. This form must be signed by the Division Head, which means they agree that the position should be reviewed for reclassification.
3. Attach an old and new job description for the position.
 - a. New job description must be a redlined version of the old so that changes are clearly highlighted.
4. Classification decisions are based solely upon the responsibilities and duties assigned to a position and not the person in the position. The overall credentials and personal circumstances of the employee are not considered in making a classification decision.
 - a. When necessary or deemed appropriate the Director of Compensation will conduct a desk audit of a position to ensure they have a full understanding of the work being performed in a position. (This may or may not be feasible.)
5. Guidelines:
 - a. A position may only be reviewed for reclassification once per school year, unless something specific has changed since the last reclassification request to warrant a new review.
 - b. At least 25% of the positions essential functions have changed on a recurring basis. The changes should be permanent to the position and a not a temporary change based on a project.
 - c. Factors considered in the reclassification decision making process include but are not limited to; nature or type of work performed, impact of the position on the district and/or department, scope of duties, supervision received, supervision exercised and/or whether or not the request is based on a need or a want/desire for the position.
 - d. Factors not considered in the reclassification decision making process include but are not limited to; performance, longevity, unusual qualifications, retention issues, financial needs, increased workload or volume of work and /or future projects.
6. The Job Reclassification Committee will review completed packets and discuss whether or not a position warrants a new classification.
 - a. Packets will no longer be sent in advance, but instead reviewed at once with the whole committee. (Thought process – no supervisor present, and instead ensure a completed packet of information with all of the data included, which allows for everything to be in writing, and eliminate the ability for salesmanship, charisma, potential biases, etc.... This will also allow the committee to review as a group and discuss as a group without bringing anything extra into the meeting with prior knowledge.)
 - b. If the committee has questions based on the packet of information, Human Resources will ensure that the immediate supervisor is available to answer those questions only. No discussion with the supervisor will occur.



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7. Once the Job Reclassification Committee reviews all positions for that month's meeting they will render a decision on whether or not to approve the reclassification. The Committee does not recommend a new paygrade placement. Human Resources will review for the appropriate placement.
 - a. That decision is then forwarded to the Executive Director of HR for review.
 - b. Once the Executive Director of HR reviews and renders a decision, the reclassification is forwarded to the Executive Cabinet for final decision.
 - i. The Executive Director of Human Resources will review the previous two years of market study data when making their decision.
8. Once the final decision is reached the Director of Compensation will contact the immediate supervisor and notify them of the outcome.
 - a. The immediate supervisor is expected to notify the incumbent.
 - b. The Director of Compensation will notify the committee of final results.
9. If approved, the reclassification is submitted to the Board of Education for approval.
 - a. If approved, the reclassification is effective the first of the month following Board of Education approval.



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SUPPLEMENTAL QUESTIONNAIRE

EMPLOYEE'S NAME: _____

JOB TITLE: _____

1. What prompted the changes to the position and the request for reclassification review?

2. Describe how the essential functions of the position have changed by at least 25%
- a. Identify the responsibilities that have been added (include dates if applicable). Provide example(s) that best exemplify the positions level of authority, independence and special skill requirements.

- b. Identify the responsibilities that have expanded or evolved.

- c. Identify functions or responsibilities that have been deleted.

3. What is the catalyst for requesting this reclassification?



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POSITION: _____ LOCATION: _____

REQUESTOR: _____ TITLE: _____

IMMEDIATE SUPERVISOR / TITLE: _____

DIVISION HEAD NAME / TITLE: _____

Rationale for Reclassification Request – *Please include how and why the position has changed.*

Requestor's Signature

Date

Division Head Signature (Request Approved)

Date

Division Head Printed Name



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HUMAN RESOURCES USE ONLY:

Committee Recommendation	
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Reasoning: _____	
_____ Director of Compensation	_____ Date

Human Resources Recommendation	
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny

_____ Executive	_____ Date

Superintendent Recommendation	
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny

_____ Superintendent	_____ Date