

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

REQUEST FOR RECLASSIFICATION

Please review Chapter XI in the Administrators Handbook before beginning this process

I request the Foothill-De Anza Administrative Classification Committee review the classification of my position. I understand this review may or may not result in a change in the grade assignment either in an upward or downward allocation. I have prepared this review request based upon the duties and responsibilities of my position and reviewed these comments with my supervisor who has signed this form on the following page. I understand that the decision of the Administrative Classification Committee is final and a second request for review may not be submitted for twelve (12) months.

PLEASE TYPE OR PRINT LEGIBLY

Name: _____

Department/Division: _____

Campus/Location: _____ Ext. _____

Classification: _____

Grade Assignment: _____ Years in current position: _____

Attachments: _____

REASONS FOR REVIEW REQUEST

1. Changes in knowledge requirement

2. Changes in problem solving requirements

