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

3. Changes in accountability

4. If this position is reclassified, what other positions will be impacted by that decision?

5. Other factors I would like the Committee to consider

Employee's Signature :	Date :
Supervisor's Name:	
I have read the request for reclassification and find the description of duties and responsibilities to be an accurate description of the work. Yes No	
Supervisor's Comments:	
Supervisor's Signature:	Date :
President's Signature:	Date:

Additional sheets may be attached if needed.