**APPLICATION FOR CLASSIFICATION/RECLASSIFICATION**
**CSEA, UNIT A**

**FOOTHILL-DE ANZA**
**Community College District**

## IMPORTANT INSTRUCTIONS:

- An employee applying for reclassification must complete this application and submit it to the Classification Specialist.
- An administrator requesting a reclassification of a current position, a new classification, or reclassification of a vacant position must complete this application and submit it to the Classification Specialist.
- Incomplete packets will be returned and considered invalid.

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### CHECKLIST OF REQUIRED MATERIALS

Before you submit your request, you <u>must</u> include all of the following:

If request is Employee-initiated:

- ☐ Complete application.
- ☐ Current job description.
- ☐ Employee signature.
- ☐ Appropriate administrator signature.

If request is Administrator-initiated:

- ☐ Complete application for affected employee.
- ☐ Current job description.
- ☐ Proposed job description, if applicable.
- ☐ Current organizational chart.
- ☐ Proposed organizational chart.
- ☐ Employee signature, if applicable.
- ☐ Administrator signature.

RESPONSIBILITY OF CLASSIFICATION SPECIALIST:

- ☐ Field Review with employee. Date scheduled: _____.
- ☐ Meeting with administrator (to confirm duties of position).
- ☐ Determination Report
- ☐ Classification Meeting (to consider findings of Determination Report). Date scheduled: _____ .

**Should you have any questions regarding this form or the Classification/Reclassification process, please contact Myisha Washington, Classification Specialist at (650) 949-6228.**

**(Please retain this page for your records.)**

**APPLICATION FOR CLASSIFICATION/RECLASSIFICATION**
**CSEA, UNIT A**

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**Case #:** _____ (to be assigned by Classification Specialist)

**Requested Action:** ☐ Reclass existing position ☐ Classify New Position ☐ Reclass vacant position

**Who initiated request?:** ☐ Employee ☐ Administrator

| BASIC INFORMATION | | |
|---|---|---|
| Name of Employee | Current Title | Current Level |
| Department | Campus | Employee Phone # |
| Administrator Name | Administrator Title | Administrator Phone # |

## DUTIES/RESPONSIBILITIES ADDED TO THE POSITION

Please use this space to describe any part of the position, which falls outside of the current job description. After you have listed the duties, please indicate how often you perform each duty by using a D=Daily, W=Weekly, M=Monthly, Q=Quarterly, A=Annually, or O=Occasionally.

| What Duties Have Been Added to the Position? | Frequency (D,W,M,Q,A,O) | Additional Comments |
|---|---|---|
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What responsibilities of the position have increased or changed?  Please give examples:

_____

_____

_____

What skills does position require?  Please give examples:

_____

_____

_____

What projects are developed by the position and how are they carried out?  Please give examples:

_____

_____

_____

Please list any certifications, licenses, trainings that are required for the position:

_____

_____

_____

Please list any trainings that have been assigned by the administrator that are outside the scope of the position:

_____

_____

_____

_____          _____
EMPLOYEE SIGNATURE                                          DATE

_____          _____
ADMINISTRATOR SIGNATURE                                 DATE

**Administrator Please Note**:  In signing, you are not expressly agreeing to the reclassification, but you are acknowledging that you have reviewed the application.