

INSTRUCTIONS AND TIMELINE FOR SUBMITTING THE RECLASSIFICATION REQUEST

(The attached forms must be submitted as indicated below)

1. Employees interested in a reclassification must pick up the packet from the Personnel Office or print documents from RUSD Webpage (District Admin/Personnel Services/Personnel Services Forms).
2. The employee will submit a completed Reclassification Request packet to his/her supervisor for comment between September 1st and October 15th.
3. The employee will also submit a Notification of Reclassification form to the Personnel Office by October 16th.
4. The Supervisor will submit the Reclassification Request packet along with his/her comments to the Department Head by November 1st.
5. The Department Head will then forward the completed packet to Personnel by November 15th.
6. Upon receipt of the request from the Department Head to the Personnel department, copies of the request shall be forwarded to the Association and a meeting shall be scheduled.

**RIALTO UNIFIED SCHOOL DISTRICT
NOTIFICATION OF RECLASSIFICATION**

NAME: _____ POSITION TITLE: _____

DEPARTMENT: _____ TELEPHONE #: _____

NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____

DATE REQUEST GIVEN TO SUPERVISOR: _____

SIGNATURE: _____ DATE: _____

**RETURN THIS FORM TO PERSONNEL WHEN YOU SUBMIT THE RECLASSIFICATION
PACKAGE TO YOUR SUPERVISOR.**

RIALTO UNIFIED SCHOOL DISTRICT
RECLASSIFICATION REQUEST

NAME: _____ POSITION TITLE: _____

DEPARTMENT: _____ TELEPHONE #: _____

HRS PER DAY: _____ HRS PER WEEK: _____ MONTHS PER YEAR _____

LENGTH OF TIME WITH THE SCHOOL DISTRICT: ____ Years ____ Months

LENGTH OF TIME ON THIS JOB: ____ Years ____ Months

NAME & TITLE OF IMMEDIATE SUPERVISOR: _____

1) **PURPOSE OF THE POSITION:**

Briefly describe the major purpose/function of the position you currently hold:

2) **WHAT IS THE MOST ESSENTIAL OR MOST DIFFICULT PART OF YOUR JOB?**

- 4) **OCCASIONAL DUTIES:** List below other tasks/duties and the percentage which you perform occasionally as part of your job.

<u>TASK/DUTY</u>	<u>PERCENT (%) OF TIME SPENT ON EACH TASK</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 5) List at least five (5) major skills, knowledge or abilities necessary (critical) for the performance of your job.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6) **SUPERVISION RECEIVED:**

- (a) Who normally assigns your work?

NAME: _____ TITLE: _____

- (b) Who reviews your work for accuracy and completeness?

NAME: _____ TITLE: _____

(c) **How is your work checked in order to discover/eliminate errors?**

(d) **How frequently is your work reviewed? (Daily; after each assignment; weekly, etc.).**

(e) **What or who alerts you to the fact that it is time to do a particular task?**

(f) **What are the nature and extent of instructions you receive regarding your work?**

EXAMPLES:

I follow a prescribed procedure set forth in the accounting manual, or
I am shown how to operate the equipment and then work each job as it
is given to me.

7. **SUPERVISION EXERCISED:**

Do you supervise any employees? YES NO

If yes:

NAME: _____ POSITION TITLE: _____

NAME: _____ POSITION TITLE: _____

NAME: _____ POSITION TITLE: _____

To what extent do you supervise employees?

Full-Time:

Part-Time:

Daily:

Occasional:

What type of supervision do you exercise? (Check if appropriate)

- | | |
|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Train employees | <input type="checkbox"/> Assigns work |
| <input type="checkbox"/> Coordinate work flow | <input type="checkbox"/> Reviews work |
| <input type="checkbox"/> Evaluates work performance | <input type="checkbox"/> Selects and hires (on panel) |
| <input type="checkbox"/> Discipline and remediation | <input type="checkbox"/> Terminates employment |
| <input type="checkbox"/> Conducts formal performance | <input type="checkbox"/> Others: _____ |
| | _____ |

8) **Do you act as a lead person for others?** YES NO

If yes:
 NAME: _____ POSITION TITLE: _____
 NAME: _____ POSITION TITLE: _____
 NAME: _____ POSITION TITLE: _____

9) **MACHINE OPERATION: What machines or equipment do you use on a regular basis?**

	<u>USE:</u>	
<u>MACHINES</u>	<u>CONTINUOUSLY</u>	<u>OCCASIONALLY</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

10) **Check the extent of contacts necessary within the framework of your job?**

	<u>Continually</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Never</u>
Employees in other units of your organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General public:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees in other organizations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify):				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11) Describe any unusual physical activity required in your job. Estimate percent (%) of time spent in each activity.

<u>PHYSICAL ACTIVITY</u>	<u>Percent (%) of Time</u>
_____	_____
_____	_____
_____	_____
_____	_____

12) Describe any unusual and/or disagreeable working conditions to which you are exposed.

13) What certificates, licenses, or permits are REQUIRED to perform the duties of your job?

Please provide a concise statement that summarizes what you are seeking in terms of either reclassification or changes in your jobs:

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Employee Signature

Date

