

ASHLAND SCHOOL DISTRICT  
PROCEDURES FOR RECLASSIFICATION OF CLASSIFIED EMPLOYEES

Reclassification may occur when employees are no longer doing the job to which they were originally assigned because their duties have changed. A reclassification request can be made by the classified employee or by the employee's supervisor. In the case of a request by the classified employee, the following process will be followed:

1. The employee meets with his/her immediate supervisor to explain why the employee feels that he/she is working out of class. The supervisor must conduct a study to determine if the employee's duties have changed significantly since being placed in the position. The supervisor will review the job description as a part of the study.
2. If the supervisor concurs that the job has changed significantly, and that a change of classification is warranted, the supervisor and the employee jointly fill out the "Request for Reclassification" form and submit it to the Personnel Director.
3. If the supervisor does not concur that the job has changed significantly, and feels that a change of classification is not warranted, the supervisor will meet with the employee. The supervisor will go over the results of the study, and discuss why that conclusion was reached.
4. If the employee is not satisfied with the supervisor's response, the employee may fill out the "Request of Reclassification" form and submit it to the Personnel Director. The supervisor will also submit a written report to the Personnel Director outlining how the study was conducted, and the results of that study.
5. The Personnel Director researches the request. A written response is given to the employee and the supervisor within ten working days of receiving the request.
6. If the request is approved, the Personnel Director notifies the employee, the supervisor, the union president, and the payroll department.
7. If the request is denied, the employee may appeal to the Superintendent. The Superintendent will review the request, and render a decision within ten working days of receiving the appeal. The decision of the Superintendent is final.

ASHLAND SCHOOL DISTRICT  
REQUEST FOR RECLASSIFICATION FORM

Name \_\_\_\_\_ School/Department \_\_\_\_\_

Current Job Classification \_\_\_\_\_ Date of Request \_\_\_\_\_

Date of Hire for this Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
(Please attach the current job description.)

List the major duties and responsibilities for this position:

List any additional or occasional duties that you perform:

How do these duties differ from those listed in the job description for your current position?

What level of education is required for someone to successfully complete the duties described above?

What knowledge, skills and abilities do you bring to this position that enhance your ability to perform the required duties?

What technical skills are necessary to successfully complete the required duties?

Describe the nature and extent of contact with the public that is required in this position.

What knowledge of district policies and state law is required to complete the required duties of this position?

What other information would you like to provide that you think is relevant to this request for reclassification?

SUPERVISOR'S SECTION

Do you concur with this request for reclassification?

Describe the steps that you took to study this request.

Summarize your recommendation in this area:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date