



OSEA - REQUEST FOR RECLASSIFICATION FORM

Name _____ Date _____

School _____ Department _____ Supervisor _____

Current Job Classification _____ Date of Hire for this position _____

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

Describe the level of knowledge, skills and abilities needed to complete this position.

Describe any technical skills or education 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? _____

What additional information would you like to share with us regarding your reclassification request? _____

Who else should we speak with regarding the details of your reclassification request? Please list names

Are these duties appropriate for this role? YES _____ NO _____

Submit the following to: _____

1. Please attach a copy of current job description
2. Please attach a copy of the job description that you feel is representative of your current duties.
3. OSEA field representative and/or supervisor for assistance.

For informational purposes (evaluators, please share with employee):

1. Following this meeting, the review committee members will gather additional research information that will assist them in preparing a recommendation for the entire reclassification committee. This may involve speaking with your supervisor.
2. Detailed discussion by the entire committee will follow the recommendation.
3. If the entire committee recommends reclassification, an item is prepared for the Superintendent's review.
4. The reclassification recommendation is considered by the Superintendent's and if approved, will turn into field representative for review.
5. The employee who has requested reclassification will be notified in writing of the outcome.

Employee Signature Date

Supervisor Signature Date