## Sutter County Superintendent of Schools CSEA Chapter #634

Appendix C-3

## **Supervisor Input For Employee Reclassification**

Employee Name:
Please refer to the unit member's current job description and reclassification request and comment below regarding the duties and tasks the unit member has stated they are performing on a significant and consistent basis over and above their current job description. (If additional space is needed in any section of this form, attach a separate sheet.)
1. Describe the duties performed that you believe fall outside of their current job description:
2. List duties that they are performing that are in a higher classification or equal classification that are not in the job description of their current classification.
3. How long have they been performing such duties? Did you assign these duties?
4. Describe any changes in the level of supervision or autonomy of their current position:

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Signature	Date	
9. If yes, what job classification is mo	re suited for their current job duties	
8. Is the employee consistently perform	ming duties outside of their current j	ob classification?
7. Has there been any significant changlevel of contact with other employees,		
6. Describe any specialized education,	training, skills, certificates, or licens	ses required to perform their duties
5. Has the nature and level of discretic	on the position requires increased sig	nificantly? Please explain: