

Sutter County Superintendent of Schools
CSEA Chapter #634

Appendix C-2

Employee Reclassification Application

Instructions: All questions must be answered.

Name: _____ Employee #: _____ Worksite: _____

Current Job Title: _____ Salary Range: _____

Classification title in which you believe you are currently working: _____ Range: _____

Time in Current Position: _____ Years _____ Months Months worked per year: _____

Immediate Supervisor: _____ Supervisor Title: _____

Supervisor will be contacted for their separate input.

Please answer each question as thoroughly as possible.

(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 your current job description:

2. List duties that you are performing that are in a higher classification or equal classification that are not in the job description of your current classification.

3. How long have you been performing such duties? Were you assigned these duties by someone or do you feel they were part of your job?

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CSEA Chapter #634

4. Describe any changes in the level of supervision or autonomy of your current position:

5. Has the nature and level of discretion the position requires increased significantly? Please explain:

6. Describe any specialized education, training, skills, certificates, or licenses required to perform your duties:

7. Has there been any significant change in the relationships with people including the extent and difficulty level of contact with other employees, parents, and members of the public?

Signature

Date