

CLAYTON COUNTY PUBLIC SCHOOLS

POSITION RECLASSIFICATION REQUEST FORM

Position Reclassification Process:

Position reclassification occurs when a position's job responsibilities have substantially changed. A manager can request a job reclassification review if he/she believes that the position has changed in depth, responsibility and/or accountability. The following steps outline the process:

1. Supervisor completes the reclassification form and attaches a copy of the existing job description with appropriate adjustments/mark ups.
2. Supervisor submits to his/her department head for review and approval.
3. Once approved, the form, current job description, and updated job description are submitted to the Director of Human Resources.
4. Once received, the Director of Human Resources will review the reclassification request with comparable positions and look at possible internal equity issues. Interviews with employee and the supervisor may occur, along with physical observation of the work being done. *Substantial job changes of a permanent nature will need to exist for reclassification of the position to occur.*
5. Once the Director of Human Resources gathers information and makes a preliminary recommendation, key division members from Division of Human Resources, Business Services, and the submitting department will meet to review and to give additional input regarding the recommendation.
6. The Director of Human Resources will then present the final recommendation to the Chief of Human Resources and Chief Financial Officer for review, approval and/or denial. **Final approval will be decided by the Superintendent.**
7. The Director of Human Resources will then advise requesting department of the outcome of the reclassification request in writing.
8. If the position is not reclassified, the process will be complete at this point.
9. If the position is approved for reclassification, Division of Human Resources will update job description (if necessary), notify Position Control of the classification change required and notify the Budget Office of budgetary adjustment to be included in next fiscal budget.

DEPARTMENT SUBMITTING REQUEST

Please complete the following. Use additional paper if necessary.

Today's Date: _____ Department: _____

Incumbent's Name: _____ Position Number: _____

Current Position Title: _____ Current Salary Grade _____

Requested Position Title: _____ Requested Salary Grade: _____

Supervisor's Name: _____ Supervisor's Title: _____

1. Overall, how has this position changed over the past year?

2. What types of additional responsibilities have been added to this position?

(Quantity of work or length of service will not justify movement to a higher level. In order for a position to be reclassified, the employee needs to be producing work that requires more independent thinking, judgment, etc.)

3. Name other positions in the School System that you might compare this position with?

4. Has the incumbent in this position received any certifications or education that allows them to take on a higher level of work or more responsibility and/or accountability?

(Please note, education alone will not substantiate job reclassification)

5. Is there any office equipment; programs or software that the employee is now required to use that demands a higher level of knowledge, skills and abilities?

6. Is there any other information we should be aware of that may help us better evaluate this position?

7. Submit the current and revised job description for this position. Attach organization chart.

Supervisor's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

STAFF REVIEW

To Be Completed by Human Resources

Job Audit Conducted: ___ Yes ___ No **Date Conducted** _____

Conducted By: _____ **Conducted with:** _____

Observation Outcomes _____

Human Resource Recommendation: Change Approved No Change Recommended

New Job Title: _____ **New Salary Grade/Step** _____

HR Signature: _____ **Date:** _____

To Be Completed by Budget Office

Cost impact of request: _____

Funds Available Yes No **Funding source:** _____

Budget Signature: _____ **Date:** _____

Chief Human Resources Officer's Signature

Approved Denied

Printed Name

Date

Chief Financial Officer's Signature

Approved Denied

Printed Name

Date

Superintendent's Signature

Approved Denied

Printed Name

Date

Upon completion, return to Position Control Coordinator.