

RECLASSIFICATION REVIEW INSTRUCTIONS (GROUP SUBMISSION)

Santa Maria-Bonita School District

Human Resource Services Division

CLASSIFICATION AND RECLASSIFICATION INFORMATION FOR EMPLOYEES AND SUPERVISORS

Reclassification is the process used by school districts to reclassify positions and assign duties for those positions; this process is required under Education Code Section 45109 that requires the Board “shall fix and prescribe the duties to be performed by all persons in the classified service.” The official Job Descriptions located on the District website (www.smbbsd.org) are the official classification of positions within the Santa Maria-Bonita School District.

Reclassification is the process used to determine if an employee has gradually accrued duties over time. Education 45285(b) states that the “basis for reclassification of a position shall be a gradual accretion of duties and not a sudden change occasioned by a reorganization or the assignment of completely new duties and responsibilities.”

Reclassification establishes position classifications (or job descriptions) within the District. Reclassification is a determination that someone is performing functions of a position different from their existing position.

WHY AM I COMPLETING THIS FORM?

Classification, reclassification, salary level, workload and performance are often confused by employees, managers and the public. Employees often believe that submission of this form will provide them with a resolution to a question or concern they might have related to their salary, workload or performance, but these issues are not addressed through the reclassification review process. The reclassification review process is solely to determine if an employee is performing higher- level work. We provide the following questions for your consideration before you complete this request for reclassification review.

If your primary purpose in completing this form is aligned to one of these statements...

- *My duties over the years have significantly changed. These changes have required that I take on greater responsibility or have to use a higher level of skill.*
- *I now serve as the lead person in my department.*
- *The complexity of my job has increased and is no longer entry level.*
- *The duties that have been added to my job require that the minimum requirements, training and skills be changed in the position description.*

... then submitting this Reclassification Review Form may be a way to have your concerns addressed.

If your primary purpose in completing this form is aligned to one of these statements...

- *The District doesn't pay me enough for what I do.*
- *People in other Districts make more than I do for the same job.*
- *I have received duties from other classifications and I can't get everything done during my work day.*
- *Some of the duties I am doing are because positions were eliminated. I think I should get more money to compensate for the new duties.*
- *The State has required more regulations so it takes me longer to do my job than it did before.*
- *I am under great stress to do my job. There is more to do (phone calls, complaints, etc.).*
- *I have been assigned the work of underperforming colleagues to ensure the work is completed.*
- *I work very hard and deserve a raise.*
- *I have a lot of skills and talents and have saved the District a lot of money over the years.*

... then requesting that your position be reviewed may not address your concerns. The above examples do not meet the criteria for reclassification.

These questions are about salary, compensation, workload, or performance. Salary and compensation is part of your collective bargaining agreement. All workload issues should be discussed with your supervisor. You may review your existing job description with your supervisor with a focus on a two way dialogue about your duties. Questions about performance should be addressed through a discussion with your supervisor and are reflected in positive evaluations.

DIRECTIONS TO EMPLOYEES

You should know at least as much about your job as does any other person. For this reason, you are asked to give an accurate and complete statement of your duties. Please fill out the reclassification review form completely and carefully in order to give an exact picture of the work you currently do.

1. This form is to be used by groups of employees in a classification who wish to have their request for review analyzed as a group. If you want your position reviewed separate from a group, please submit the individual form.
2. All employees in a group should sign this document unless your group is more than 20 staff. If your group includes more than 20 employees, you may have the president of your bargaining unit sign the form on behalf of the group rather than obtain individual signatures.
3. Please complete all sections of this document.
 - a. Please use your official job description when completing this form. Job descriptions can be found on the District website. www.smbd.org
 - b. You may attach documents to this form.
 - c. List your full official position/title including, I, II, etc., if applicable.
4. Provide the completed document, and attachments, to your immediate supervisor between January 1 and March 1. Your supervisor will complete their section and should return this document to Human Resources within 5 working days from receipt. If your supervisor has not submitted the document to Human Resources within 5 working days, you may submit your form directly to Human Resources. If your group contains more than one supervisor, you do not need to obtain the supervisors signature.

Requests for reclassification review will only be accepted between January 1-March 1.

If you have questions about this process, please contact CSEA or Human Resources.

RECLASSIFICATION REVIEW FORM (GROUP)
Santa Maria-Bonita School District
Human Resource Department

Please keep a completed copy for your files.

Initiated by ☐ **Employee** ☐ **Supervisor** ☐ **Human Resource Department** ☐ **Association**

Position/Title: _____

Location (name of department/school, room/building number, and telephone number):

INSTRUCTIONS GROUPS (this form should not be used for individual submissions)

Employee List:

1. Attach a list of the names, location and employee ID number of the employees who are part of this group.
2. All employees in a group should sign this document unless your group is more than 20 staff. If your group includes more than 20 employees, you may have the president of your bargaining unit sign the form on behalf of the group rather than obtain individual signatures; you may also obtain the names and ID numbers of employees in your group from your bargaining unit.

Section One: Employee Summary

1. Column 1: Existing Job Description Duties Review. Please review your assigned position description (available at www.smbds.org). Begin by listing the core essential functions of your current assignment in the column to the left. (The statement before the E. [*E=Essential*])
2. Column 2: Job Duties Outside of Current Job Description Comparison. Using the Essential Functions listed in the left column, consider your assigned functions and responsibilities. Provide a concise description of the work you perform that you believe is outside of the essential job function as written in your job description (Column 1). You should be able to present a complete picture in 4-6 statements.
3. Column 2: Additional duties performed
 - a. Describe the functions or responsibility/s assigned to you that you believe are outside of the essential function.
 - b. Describe only the regular work actually done by you personally.
 - c. If desired, you may describe your work in more detail on attached sheets. Combine task details into one statement such as "keeping accounts of fees, sales, book and fines" or "sweeping 10 classrooms, 2 offices, library, and cafeteria." Do not write "typing" or "sweeping" without indicating the kind and amount of work done.
 - d. You should be able to present a reasonably complete picture in 4-6 statements.
 - e. Do not describe duties performed in the past which are not now part of your assigned responsibilities or duties anticipated but not yet assigned.
4. Column 3: Frequency of Duties Performed. Use either hours per day or percentage of time spent per day on the additional duties listed in column 2; do not include the time spent on the essential function.

Section Two: Supplemental Questions

1. Please provide a narrative response to each of the supplemental questions.

Additional detail, if desired, should be listed on a separate sheet and attached; sign and date all attachments.

[illegible]

Section One: Employee Summary

Existing Job Description Duties (1) <i>Use your current job description to list the core essential functions.</i>	Additional Duties Performed (2) <i>List the duties you perform that you believe are outside your current position description.</i>	Frequency of Duties Performed (3) <i>Use either hours per day or time spent weekly, monthly or yearly on the additional duties listed in column 2; do not include the time spent on the essential function</i>
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.
(Additional rows may be added below)		

Section Two: Supplemental Questions

- How long have your additional duties been substantially performed as stated above?
Years: _____ Months: _____
- List the machines or equipment you use in performing your additional duties, if applicable.

- From whom are your work assignments usually received? (List name(s) and title(s)).

- State your reason for requesting this position reclassification review.

I certify that I have read the instructions, and to the best of my knowledge, this information is accurate and complete. Attachments are dated and signed.

Signature

Date

_____ My initials indicate that I have provided a signed original copy of this document to my immediate supervisor.

Keep a completed copy for your files.

RECLASSIFICATION REVIEW FORM- Supervisor Comments

DIRECTIONS TO SUPERVISING PERSONNEL

TIMELINE

Supervisor has **5** work days from the receipt of application to complete and return this form to the Human Resources Department.

UPON RECEIPT OF RECLASSIFICATION FORM FROM THE EMPLOYEE:

Review the District job description. The Supervisor may ask clarifying questions related to Column 2 and Column 3.

ORIGINAL STATEMENTS:

Employees are to describe their work in their own words.

COMMENTS BY SUPERVISORS:

Supervisors are requested to check the statements of their employees and are encouraged to make additions, comments, or corrections. Such notations should be made in the supervisor's comments section. In no instance should the original statements by employees be stricken out or erased. The term "supervisor" means the person who occupies the next position in authority above that of the employee in the organization, the person who is generally considered to be responsible for directly supervising and officially evaluating the work done by the employee. The term is not intended to apply to one who merely inspects, verifies, or checks the employee's work.

PROCEDURES FOR SUBMITTING REQUEST:

All reclassification review forms must be completed and signed by all responsible parties before submitting to Human Resources.

A signed duplicate should be retained by the employee.
If you have questions about this process, please contact Human Resources.