APPENDIX D

RECLASSIFICATION REQUEST FORM

Association of Classified Employees of Umpqua Community College

Identification information:

Employee name: _____ Date: _____

Position title: _____ Department: _____

Proposed new title (if any): _____

Supervisor's name/title: _____

This is a request to complete a reclassification evaluation of my position and/or salary schedule grade placement. This initial review is the first information-gathering step in a multi-step assessment. This form, along with a revised job description, should be submitted to the Human Resources Director.

General Instructions:

Please read each question carefully before answering it. Make all of your answers as complete and clear as possible. In responding to the questions, please think of the duties that you have been assigned to perform on a regular basis, and consider the required knowledge, skills and abilities which are necessary to perform these duties. Please type or print clearly. Unreadable documents will not be accepted.

1. I have read my job description and I agree that it adequately represents the duties of my position.

   ☐ Yes ☐ No If the answer is yes, what is the basis for your request?

2. If the answer to question #1 is "No," please answer the following: (attach additional pages as necessary)

   a. What, if any, essential functions do you perform on a regular or recurring basis that are not included in your job description?

   b. What, if any, essential functions are included in your job description that you rarely or no longer perform?

3. Attach a revised job description which clearly shows the additional, revised, and deleted responsibilities and/or requirements and accurately reflects your position as it currently exists and is approved by your supervisor.

Signatures:

_____ _____

Employee Date Supervisor Date