

SANTA CLARA COUNTY OFFICE OF EDUCATION

PERSONNEL COMMISSION

APPLICATION FOR RECLASSIFICATION

IMPORTANT:

- 1) An employee applying for reclassification must complete this application and submit it to the Personnel Commission. Incomplete packets will be returned and considered invalid.
- 2) Personnel Commission shall prepare copies for the appropriate County Office administration and union officials.
- 3) Employees who have been reclassified are ineligible for another reclassification for at least 3 years from the date of the last reclassification. Merit Rule 4634.3

EMPLOYEE INFORMATION

Name: _____ Phone/Ext.: _____

Years in this position/date assumed this job: _____

Current Job Title: _____ Present Salary Range: _____

Requested Job Title: _____ Requested Salary Range: _____

Department / School: _____ Mail Code: _____

Supervisor(s): _____ Title(s): _____

Assistant Superintendent: _____

Basis for Reclassification (Rationale): _____

Basis for Reclassification (Rationale) - Continued

Date of Last Reclassification: _____

DUTIES

Major function(s) of your position: In one or two sentences, state the overall purpose of your position: _____

DUTIES: A duty is an action, responsibility or combination of several steps you take in performing your job. Please list in priority order the major/essential duties you currently perform. Duties may include such activities as transcribing dictation, wiring an electrical outlet, typing letters, sorting mail, planting trees, maintaining general files, operating work processing equipment, answering phones, etc. In the left hand column, please identify the date the duties were added or changed. To the right of each duty listed, rate each duty statement for frequency and importance. If you believe the duty is outside of your current classification, place an "X" in that column.

FREQUENCY

D = Performed once or more daily
 W = Performed once or more weekly
 M = Performed once or more monthly
 Y = Performed once or more yearly.

IMPORTANCE

E = Essential (Major Focus of Position)
 NE = Non-Essential (Minor Focus of Position)

Date			Frequency/ Outside	Importance of
Added or Class Changed				
_____	1.	_____	/	_____
		_____	/	_____
_____	2.	_____	/	_____
		_____	/	_____
_____	3.	_____	/	_____
		_____	/	_____

Duties - Continued

_____	4.	_____	_____ / _____
		_____	_____ / _____
_____	5.	_____	_____ / _____
		_____	_____ / _____
_____	6.	_____	_____ / _____
		_____	_____ / _____
_____	7.	_____	_____ / _____
		_____	_____ / _____
_____	8.	_____	_____ / _____
		_____	_____ / _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

<p style="text-align: center;">JOB RELATED REQUIREMENTS</p>
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Please provide information below describing the basic knowledge, abilities, special requirements and equipment operation required, in order to perform your work. Do not include information learned on the job (e.g., policies of the division, a specific software package).

KNOWLEDGE is the body of information applied directly to the performance of a function or duty. Show only the knowledge essential for full performance of your work, not the knowledge you personally possesses. (e.g., school district accounting, computer programming languages, office procedures)

Kind of Knowledge: _____

How Used: _____

Kind of Knowledge: _____

How Used: _____

Kind of Knowledge: _____

How Used: _____

Kind of Knowledge: _____

How Used: _____

Knowledge - Continued

Kind of Knowledge: _____

How Used: _____

ABILITY is the competence to perform an observable duty and usually ends in an observable product. (e.g., type at a rate of 60 words per minute, perform arithmetic calculations with speed and accuracy)

Ability: _____

Ability: _____

Ability: _____

Ability: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

SPECIAL REQUIREMENTS: List any licenses, registration or certificates **REQUIRED** for your position (e.g., driver's license, first aid certificate)

EQUIPMENT OPERATION: List any equipment or machines used in the course of your work (e.g., personal computer, forklift, dishwasher, adding machine).

WORKING RELATIONSHIPS: Describe the regular contacts you need to have with others within or outside your department or the County Office of Education in order to perform your job (e.g., vendors, agencies, school districts, parents). Please indicate the reason for the contact and how often you interact with that department, group or individual.

Examples: A. Inside Contacts Reason For Contact How Often

Co-workers	Coordinate meetings	weekly
Management	Provide schedule meeting	daily

B. Outside Contacts

Prospective Employees	Recruitment	annually
Agencies	Family Support	monthly
Parents/Students	Attendance	as needed

INSIDE COE	REASON FOR CONTACT	HOW OFTEN (Daily, Weekly, Monthly etc.)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OUTSIDE COE	REASON FOR CONTACT	HOW OFTEN (Daily, Weekly, Monthly etc.)
-------------	--------------------	--

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORKING RELATIONSHIPS: (continued)

FREEDOM TO ACT

Describe the types of decisions you make, types of decisions referred to others, and how your work is assigned and reviewed.

Types of decisions made without prior approval: Describe your decision-making responsibilities. In addition, indicate the actions you take in order to facilitate the completion of your job. *For example: "Decisions which overnight delivery service are used based upon price and service."*

What specific decisions do you make without obtaining prior approval? _____

Types of decisions referred to a higher authority: Indicate the authority you receive direction from (*most likely the lead person or immediate supervisor*), how that individual provides instructions (written procedures, verbal, other), who reviews and approves your work and who would the you go to if there was a question. *For example: "Work directions are given orally by the supervisor(title) and by written guidelines and the supervisor answers format questions."*

What specific decisions do you refer to a lead person, supervisor, or manager?_

Describe the way in which your work is assigned and reviewed. Describe the frequency and type of guidance provided by your supervisor.

Supervision Received: How are your work assignments received? _____

Supervision Received: (continued)

Who reviews your work? _____

How often is your work reviewed? _____

POSITION RESOURCES

Identify the procedure manual, references, tables, laws, rules, etc. used to assist you in performing your duties and responsibilities (e.g., contracts, administrative regulations).

Reference Title	Reason
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PHYSICAL EFFORT

List any lifting, prolonged standing, walking, crouching, kneeling, running, climbing, and upper body twisting you are required to perform in the course of your work. Please include the frequency (always, sometimes, occasional) and weights (25 lbs., 50 lbs. etc.).

Physical Effort - Continued

WORK ENVIRONMENT

List work environment you are exposed to including: extreme cold, heat or noise; working outdoors; chemicals; mechanical hazards or hazardous materials.

ADDITIONAL INFORMATION

Please use this space to provide any additional information relevant to your application for reclassification.

NECESSARY FORMS AND DOCUMENTS

The following materials are needed along with the employee's application in order for the reclassification application to be complete.

- a. **Completed application with all necessary signatures and comments.** Personnel Commission will solicit the signatures of your supervisor, department head, and assistant superintendent.
- b. **Current Organizational Chart:** This chart should include all employees, supervisors and the service area head in the department including name, current classification and salary level. If a organizational chart is unavailable, please consult with the Personnel Commission for assistance.
- c. **Proposed Organizational Chart:** This chart should reflect all proposed changes to the current organizational chart. If you need assistance in preparing an organizational chart, please consult with the Personnel Commission for assistance.

Note: A request for reclassification received by the Personnel Commission between January 1 and June 30 will be effective July 1 following; any request received between July 1 and December 31 will be effective January 1 following. For the purposes of this rule a request shall be interpreted as a completed Application for Reclassification that has been signed and submitted by the employee (Merit Rule 4634.2).

**APPLICANT'S ACKNOWLEDGEMENT
PLEASE READ CAREFULLY**

I certify that all of the statements made on this application are complete and correct to the best of my ability. I understand the Personnel Commission will review this information with my supervisor, department head and assistant superintendent. I further understand the Personnel Commission may modify my reclassification and salary range. Furthermore, I understand, I have the right to appeal to the Personnel Commissioners for reconsideration should I disagree with Personnel Commission's classification recommendation and that the Personnel Commissioners decision shall be final.

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR(S), DEPARTMENT HEAD AND ASSISTANT SUPERINTENDENT

INSTRUCTIONS: Review the completed application in particular the duties and responsibilities described by the employee. Please comment on the accuracy of this application and sign below. Attach additional comments if necessary.

NOTE: Reclassification should be based on the level of responsibility and scope of the applicant's position not as a method of reward for performance or outstanding achievement. Only consider the absolute necessary knowledge and abilities essential to perform the duties and responsibility of the position. The signatures of the supervisor(s), department head, and assistant superintendent's do not indicate agreement with the applicant's request.

SUPERVISOR'S COMMENTS: (Applicants with more than one supervisor must have each supervisor comment on the reclassification application.)

SIGNATURE OF SUPERVISOR

DATE

DEPARTMENT HEAD COMMENTS:

SIGNATURE OF DEPARTMENT HEAD

DATE

ASSISTANT SUPERINTENDENT'S COMMENTS:

ASSISTANT SUPERINTENDENT'S COMMENTS: (Continued)

ASSISTANT SUPERINTENDENT'S SIGNATURE

DATE