Sacramento City Unified School District

Human Resource Services

Request for Formal Classification Review (Classified Employees)

Note: This form must be completely filled out with appropriate signatures or it will be returned.

Procedures for Classification Appeal

NOTE: THE CHECKLIST BELOW MUST FIRST BE COMPLETED BEFORE THE INITIATION OF THE FORMAL CLASSIFICATION REVIEW PROCEDURE. (REFERENCE 6.7.1)

Checklist

☐ 1. Bring in writing within 20 workdays your concern to your supervisor that you believe that you are performing duties outside your current classification with significant frequency and duration to be considered.

☐ 2. Supervisor shall consult with the employee in order to reach a mutually agreeable understanding and resolution for the employee's concerns.

Resolution may include, but is not limited to, the following: (a) discontinuance of certain duties; (b) working out-of-class pay; (c) agreement that the specified duties are not out-of-class.

☐ THE SUPERVISOR WILL SUBMIT THE RESOLUTION TO THE EMPLOYEE IN WRITING WITHIN TEN (10) WORKDAYS. RESOLUTION IS TO BE ATTACHED TO THE REQUEST FOR FORMAL CLASSIFICATION REVIEW.

You are ready to proceed with filling out and submitting the Request for Formal Classification Review.

1. Name:
2. School/Department:
3. Present classification:
4. What classification do you recommend?
   (This must be a classification listed in the SEIU Contract.)
5. How long have you worked in your present job? Years: Months:
6. Is a driver's license necessary for your job? ☐ Yes ☐ No Type:
7. Who is your immediate supervisor?
   Name Title
8. Justification for review: (State fully and completely the reasons why you feel your present classification is incorrect.)

9. Briefly describe the major purpose of your job:

10. List major equipment you operate--indicate type of equipment, make, model and frequency of use. (Include automotive, computer, offset press, and major office equipment.)

EQUIPMENT		**FREQUENCY** (Check One)		
Type	**Make and Model**	**Daily**	**At Least Once a Week**	**At Least Once a Month**

11. Describe your job in your own words. Describe in detail the major duties and responsibilities that you perform. Number each duty and responsibility and explain the steps you follow in performing it. Then indicate how frequently you perform it—daily, once a week, twice a week, once a month, once a year, etc. Next indicate what percentage of your total work time is spent on it. You may group related duties together and give estimated time for each group.

Duties and Responsibilities	**Frequency**	**Percent of Time**

Duties and Responsibilities	Frequency	Percent of Time

12. Indicate how you receive the majority of your work assignments.
    - ☐ Projects are assigned by supervisor who tells me how to do them.
    - ☐ Projects are assigned by supervisor, but I decide how to do them.
    - ☐ I have responsibility for a set of duties, and I know when and how to do them.
    - ☐ I develop projects myself as needed and decide when and how to do them.

13. What published guidelines, manuals, rules, policies, etc., are available to assist you in your work?

14. Indicate how your work is reviewed by your supervisor. (Check only one.)
    - ☐ Carefully checked.
    - ☐ Spot-checked.
    - ☐ Not often checked.
    - ☐ Never checked.

15. If you make an error, how is it found? (Check only one.)
    - ☐ Caught in checking and changed on the spot.
    - ☐ Takes up to one-half (1/2) hour to find and change.
    - ☐ Difficult to find and change. It could cause delays in other steps of the process.
    - ☐ May be critical. Administrative action may be required to correct it.

16. What is the most serious thing that could result from an error in your work?

17. What knowledge would someone need when hired to perform your job? (Do not include anything that can be learned on the job in one or two months.)

18. What abilities and skills would someone need when hired to perform your job? (Do not include anything that can be learned on the job in one or two months.)

19. What type and amount of education do you feel is necessary for someone to have to perform your job? (If you feel specific courses are needed, please list them.)

    Please explain why you feel this education is necessary.

20. What type and amount of experience do you feel is necessary for someone to have to perform your job?

    Please explain why you feel this experience is necessary.

21. Summarize briefly the education and experience you possessed when you were hired into your present job.

22. List any education or training you have received since you were hired into your present job that has been helpful in your work and explain why.

23. Are there any certificates, licenses, registration, etc., that are necessary for your job?

24. Explain the purpose, frequency, and method of your work contacts with the public.

25. Explain the purpose, frequency, and method of your work contacts with persons or organizations outside of your agency.

26. Explain the purpose, frequency, and method of your work contacts with other employees of your agency who are not in your own office or unit.

27. Describe any conditions of your job that are dangerous or very unpleasant.

28. Describe those parts of your job that require you to think through and interpret a lot of information and develop the best solution.

29. Describe the part of your job that requires the highest degree of skill to perform.

30. PLEASE USE THIS SPACE TO DESCRIBE ANY IMPORTANT PART OF YOUR JOB NOT INCLUDED IN OTHER PARTS OF THIS FORM.

Important Instructions

Be sure you have completed each applicable question! Sign and date the questionnaire on spaces provided below, and forward it to your principal or unit administrator. It is suggested that you discuss this completed form with your principal or unit administrator to ensure there is a mutual understanding of your assigned position.

Signed by: Date:

THIS SECTION TO BE COMPLETED BY THE PRINCIPAL OR UNIT ADMINISTRATOR OF EMPLOYEE COMPLETING FORM.

31. Principal or unit administrator: Do you agree with this employee's job description?

☐ Yes ☐ No

If no, which statements do you believe need elaboration or are inaccurate? (Please list and explain.)

Have you discussed your comments with the employee? ☐ Yes ☐ No

Signed by: Date:

THIS SECTION TO BE COMPLETED BY THE MEMBER OF THE SUPERINTENDENT'S CABINET RESPONSIBLE FOR THE EMPLOYEE'S SCHOOL OR DEPARTMENT.

32. Do you agree with this employee's job description?

☐ Yes ☐ No

If no, which statements do you believe need elaboration or are inaccurate? (Please list and explain.)

Do you agree with the principal's or unit administrator's comments (if any)?

☐ Yes ☐ No

If no, please explain.

Have you discussed your comments with the principal or unit administrator?

☐ Yes ☐ No

Signed by:

Name Title