



Rio School District Request for Reclassification Form

Please complete this form, attach the following completed materials, and submit to the Human Resources Department for the Reclassification Taskforce:

1. Reclassification Form
2. RSD Job Description for your current position
3. Supporting Documentation, which may include Internal and External Job Descriptions, Salary Surveys or Benchmarks, and/or Evidence of Internal and External Parity.

Employee Name: _____ Date: _____
September 1 thru 30

Current Range: _____ Current Classification: _____

Recommended Range: _____ Recommended Classification: _____

Name of Department/Site: _____

Phone: _____ Email: _____

Number of months worked per year: _____ Number of hours worked per day: _____

Length of time in current position: _____ year(s) _____ month(s)

Length of time with the District: _____ year(s) _____ month(s)

Reclassification Rationale

1. State specifically how the duties of this position have changed since it was originally classified or last reclassified. Include specific functions or duties and responsibilities that have been added or taken away. How long have the duties and responsibilities been substantially changed as shown? What evidence of internal and/or external disparity exists? (Attach response and additional documentation as necessary)
2. List your main current job duties and the percentage of time spent on them. In addition, list duties performed that are not in the job description and the percentage of time spent on them. (Attach response and additional documentation as necessary)
3. Is this submission part of a group submission? Attach names of co-submitters, if necessary. Each co-submitter will provide separate documentation.

Employee Signature: _____ Date: _____

REVIEW OF FORM BY IMMEDIATE SUPERVISOR

Date: _____
September 1 thru November 1

1. Review the employee’s Reclassification Rationale
 2. In very specific detail, describe the way existing or proposed duties exceed the responsibilities of the current job description or position.
(Attach response and additional documentation as necessary)
 3. List the name and title of any position or positions you believe this position should be compared to in relation to level, complexity, and/or nature of assignments.
(Attach response and additional documentation as necessary)
 4. Is there any other information we should be aware of that may help us better evaluate this position?
(Attach response and additional documentation as necessary)
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Signature of Direct Supervisor

Date (November 1 deadline)

Phone: _____ Email: _____

Reclassification Taskforce Review of Request

Discussion Date(s): _____
November 1 thru February 28

Taskforce Recommendation: Yes No

Director of Human Resources

Date (February 28 deadline)

CSEA Representative from the Reclassification Taskforce

Date (February 28 deadline)

Superintendent Review of Request

Discussion Date(s): _____
November 1 thru April 30

Superintendent Recommendation: Yes No

Superintendent

Date (May 15 deadline)

For HR Use Only

Board Discussion Date(s): _____
April 30 thru May 15

Trustee Approval: Yes No

Notes: _____
