

PERALTA COMMUNITY COLLEGE DISTRICT
OFFICE OF HUMAN RESOURCES

REQUEST FOR POSITION RECLASSIFICATION

The information on this form will be used to determine the classification of your position.

INSTRUCTIONS:

1. Please type or print all answers clearly, accurately, and completely, front and back of form.
2. Make three copies.
3. Original to Human Resources, copy to department, and a copy for your records.

Name _____ Current Class Title _____

Department _____ Work Phone _____

College _____ Bldg/Room where you work _____

Name & Title of immediate supervisor _____

Name & title of first-level manager
(if different from above) _____

Name and class title of employees you supervise directly:

<u>Name</u>	<u>Class Title</u>
_____	_____
_____	_____
_____	_____

Name and class title of employees you supervise through subordinates:

<u>Name</u>	<u>Class Title</u>
_____	_____
_____	_____
_____	_____

List any machines, equipment and/or motor vehicles you are **required** to operate:

List outside business contacts (people outside of your department) with whom you are required to interface with as part of your duties:

In what way and how often is your work assigned and reviewed?

Describe the type and amount of work guidance you receive from supervisors.

REQUEST FOR POSITION RECLASSIFICATION (continued)

List names of manuals and established procedures which you refer to in your work or which provide guidelines applicable to your work:

How long have you been performing your current duties? _____

Describe your position. List only the duties assigned to you that you believe justify reclassification of your position. Use percentages to estimate the amount of your work time spent on each duty. For office positions, note the percentage of time typing and taking notes. *Attach extra sheets if more space is needed.*

DUTIES	% of Time

What is the most difficult part of your job and why? _____

EMPLOYEE CERTIFICATION

I certify that the answers to all questions are my own, and that to the best of my knowledge, they are complete and correct.

(Signature)

(Date)

<p>Certification of Immediate Supervisor or First Level Manager</p> <p><input type="checkbox"/> I agree entirely with the employee's statement</p> <p><input type="checkbox"/> See attached memo for comments</p> <p><input type="checkbox"/> Contact me for further information</p> <p>_____ (Signature)</p> <p>_____ (Title)</p> <p>_____ (Date)</p>

<p>Certification of President or Designee</p> <p><input type="checkbox"/> I agree entirely with the employee's statement</p> <p><input type="checkbox"/> See attached memo for comments</p> <p><input type="checkbox"/> Contact me for further information</p> <p>_____ (Signature)</p> <p>_____ (Title)</p> <p>_____ (Date)</p>
