

KYRENE SCHOOL DISTRICT

RECLASSIFICATION REQUEST FORM

TO: Human Resource Services Division

FROM: _____
Employee Name

Department/Division

Current Classification: _____

Upon review of my current classification and my duties and responsibilities with my supervisor, I am formally requesting that my classification be reviewed. I understand that the Committee for Reclassification will review the information submitted in this document, along with information provided by my immediate supervisor, my department head and my division head. Submission of this request in no way implies that a reallocation of my position to another classification will occur.

Basis for request: (check all that apply)

- 1. Essential duties performed have changed or are different than the class specification
- 2. Training and experience requirements have changed or are different than the class specification
- 3. Standards of performance have changed requiring different knowledge skills or abilities
- 4. Initial placement decisions were made on inaccurate information

Employee Signature

Date

Supervisor Comments

Supervisor's Signature

Date

Supervisor: Complete and forward this form to your department head. (S)He will review this request and comment as appropriate and then forward it to your division leader for review. Your signature does not indicate agreement with the request, but simply that the document has been reviewed. **Please note that all reclassification requests must be filed with the Human Resource Services Division no later than October 31st.** Reclassification requests must be reviewed by the immediate supervisor, the department head and the division leader.

Department Head Comments

Division Manager's Signature

Date

Department Head: Complete and forward this form to your division leader. (S)He will review this request and comment as appropriate and then forward it to Human Resource Services Division for action. Your signature does not indicate agreement with the request, but simply that the document has been reviewed. **Please note that all reclassification requests must be filed with the Human Resource Services Division no later than October 31st.** Reclassification requests must include division leader comments and signature.

Division Leader Comments

Department Head Signature

Date

Division Manager: Complete and forward this form to the Human Resource Services Division. Your signature does not indicate agreement with the request, but simply that the document has been reviewed. The reclassification committee will review this request for action. **Please note that all reclassification requests must be filed with the Human Resource Services Division no later than October 31st.**

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RECLASSIFICATION RESPONSE FORM

1. _____ This position is to be reclassified as: _____

2. _____ This position is appropriately classified as: _____

3. _____ Other: _____

Executive Director of Human Resource Services Division

Date