

POSITION CLASSIFICATION REVIEW APPEAL INFORMATION

Administrative Procedure 7540- Classification of Classified Staff Positions outlines the process for appealing the decision regarding a position classification review determination. If you have requested an appeal of the determination regarding a position classification review, please review these instructions and provide the requested information.

WHY AM I COMPLETING REQUESTING AN APPEAL?

Classification, reclassification, salary level, workload and performance are often confused by employees, managers and the public. Employees often believe that submission of this form will provide them with a resolution to a question or concern they might have related to their salary, workload or performance, but these issues are not addressed through the classification review process. The classification review process is solely to determine if an employee is performing higher-level work.

Submission of a request for appeal shall be on the basis of presenting information not considered or not presented during the initial review.

If you choose to appeal, you must complete this appeal form to initiate this process and submit it to the Reclassification Committee within thirty (30) calendar days of notification in writing of the results of the review. The committee will schedule an interview for the appeal process. Results of the appeal will be provided to you within forty-five (45) days of the appeal interview.

Forms should be submitted to the Reclassification Committee, Human Resource Services Division via email jobs@sandi.net

POSITION CLASSIFICATION REVIEW APPEAL FORM
San Diego Unified School District
Human Resource Services Division

Please keep a completed copy for your files.

Initiated by Employee Department Head Human Resource Services Division Association

Name: (Last) _____ (First) _____ (Middle Initial) _____ Employee ID # _____

Official Payroll Title: _____

Location (name of department/school, room/building number, and telephone number): _____

Regular Hours of Work: From: _____ To: _____ Assignment Year (Check One): 10 Mo. 11 Mo. 12 Mo.

Please complete the following information prior to your appeal. Incomplete information will be returned.

Instructions

Please describe the information not considered or presented during your initial review. You may attach relevant documents or information not provided during the initial review. You should provide an explanation of the duties you perform that are outside of your classification, including the amount of time you spend, the frequency you perform the duties, the name and title of the person who assigned those duties to you and reference the appropriate classification for those assigned duties outside of your classification. This explanation should include new and compelling evidence/ information not presented during the initial review that supports your rationale for this appeal. The table format below may be helpful in clearly communicating your explanation.

SAMPLE:

Assigned task	Time spent completing this task <i>(Use either hours per day or percent of time spent per day).</i>	Frequency task performed <i>(daily, weekly, monthly, etc.)</i>	Name of title of supervisor who assigned this task	Appropriate classification for this task
<i>Assist in training of entry level employees</i>	<i>2 hours</i>	<i>Daily</i>	<i>J. Doe, Supervisor</i>	<i>Lead Analyst</i>

I certify that I have read the instructions, that the entries made above or attached are my own, and to the best of my knowledge are accurate and complete. Attachments are dated and signed.

 (Date)

 (Signature of Employee)