

POSITION CLASSIFICATION REVIEW INSTRUCTIONS

San Diego Unified School District
Human Resource Services Division

CLASSIFICATION AND RECLASSIFICATION INFORMATION FOR EMPLOYEES AND SUPERVISORS

Position Classification is the process used by school districts to classify positions and assign duties for those positions; this process is required under Education Code Section 45109 that requires the Board “shall fix and prescribe the duties to be performed by all persons in the classified service.” The official Position Descriptions located on the District website are the official classification of positions within the San Diego Unified School District.

Reclassification is the process used to determine if an employee has gradually accrued duties over time. Education 45285(b) states that the “basis for reclassification of a position shall be a gradual accretion of duties and not a sudden change occasioned by a reorganization or the assignment of completely new duties and responsibilities.”

Position Classification establishes position classifications (or job descriptions) within the District, reclassification is a determination that someone is performing functions of a position different from their existing position.

At this time, please take a few minutes to review Administrative Procedure 7540- Classification of Classified Staff Positions as well as “Position Classification: What’s it All About?”

WHY AM I COMPLETING THIS FORM?

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. We provide the following questions for your consideration before you completing this request for position classification review.

If your primary purpose in completing this form is aligned to one of these statements...

- *My duties over the years have significantly changed. These changes have required that I take on greater responsibility or have to use a higher level of skill.*
- *I now serve as the lead person in my department.*
- *The complexity of my job has increased and is no longer entry level.*
- *The duties that have been added to my job require that the minimum requirements, training and skills be changed in the position description.*

... then requesting that your position be reviewed may be a way to have your concerns addressed. Prior to submitting this form, you should review your existing position description with your supervisor with a focus on a two way dialogue about your duties.

If your primary purpose in completing this form is aligned to one of these statements...

- *I see someone else in [job title] paid more than I am, and I don’t think it is fair.*
- *Other jobs in the District have received equity adjustments, but I haven’t and I don’t think it is fair. It creates an imbalance in the salaries.*
- *The District doesn’t pay me enough for what I do.*
- *I think there should be more of a difference between my salary and someone else’s in my general career series.*
- *People in other Districts make more than I do for the same job.*

... then requesting that your position be reviewed is most like not the best venue for your concerns. These questions are about **salary and compensation** and are addressed through a District or series- wide compensation study. Compensation studies are performed on a regular basis by the Human Resource Services Division and are then negotiated with the appropriate bargaining unit.

If your primary purpose in completing this form is aligned to one of these statements...

- *I have received duties from other classifications and I can't get everything done in 8 hours.*
- *Some of the duties I am doing are because positions were eliminated. I think I should get more money to compensate for the new duties.*
- *The State has required more regulations so it takes me longer to do my job than it did before.*
- *I am under great stress to do my job. There is more to do (phone calls, complaints, etc.).*
- *I have been assigned the work of underperforming colleagues to ensure the work is completed in my office.*

... then requesting that your position be reviewed is most like not the best venue for your concerns. These questions are about **workload** and are addressed through a discussion with your supervisor. Using your official position description, the focus of this conversation should be to work with your supervisor to prioritize your duties; supervisors could also consider add more/ different types of staff or to provide recommendations to the HR Division regarding updates to the current position description.

If your primary purpose in completing this form is aligned to one of these statements...

- *I work very hard and deserve a raise.*
- *I have a lot of skills and talents and have saved the District a lot of money over the years.*
- *My supervisor tells me I am an outstanding employee and should be better paid.*

... then requesting that your position be reviewed is most like not the best venue for your concerns. These questions are about **performance** and are addressed through a discussion with your supervisor and are seen in good reviews or promotion to another position.

DIRECTIONS TO EMPLOYEES

You should know at least as much about your job as does any other person. For this reason, you are asked to give an accurate and complete statement of your duties. Please fill out the position classification review form completely and carefully in order to give an exact picture of the work you now do.

1. Please complete all sections of this document.
 - a. Please use your official position description when completing this form. Position descriptions can be found on the District website.
 - b. You may attach documents to this form.
 - c. List your full official payroll title including, I, II, etc., if applicable. Your descriptive or working title may be included in parentheses if desired.
2. Provide the completed document, and attachments, to your immediate supervisor by October 15, for the next step in processing. Your supervisor should return this document to you within 5 days.

Requests for position classification review will only be accepted during the window period, Sept 1 – Oct 31.

If you have questions about this process, please contact the Reclassification Committee via email jobs@sandi.net

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

Please keep a completed copy for your files.

PLEASE READ "POSITION CLASSIFICATION REVIEW INSTRUCTIONS" BEFORE FILLING IN THIS FORM.

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.

INSTRUCTIONS FOR INDIVIDUAL ITEMS

Section One: Employee Summary

1. Column 1: Essential Functions Review. Please review your assigned position description (available at www.sandiegounified.org). Begin by listing the essential functions of your current assignment in the column to the left.
2. Column 2: Essential Function and Duties Comparison. Using the Essential Functions listed in the left column, consider your assigned functions and responsibilities. Provide a concise description of the work you perform that you believe is outside of the essential job function as written in your position description. You should be able to present a complete picture in 4-8 statements.
3. Column 2: Additional duties performed
 - a. Describe the functions or responsibility assigned to you that you believe are outside of the essential function.
 - b. Describe only the regular work actually done by you personally, not work done by persons under your supervision.
 - c. If desired, you may describe your work in more detail on attached sheets. Combine task details into one statement such as "keeping accounts of fees, sales, book and fines" or "sweeping 10 classrooms, 2 offices, library, and cafeteria." Do not write "typing" or "sweeping" without indicating the kind and amount of work done.
 - d. You should be able to present a reasonably complete picture in 4-8 statements.
 - e. Do not describe duties performed in the past which are not now part of your assigned responsibilities or duties anticipated but not yet assigned.
4. Column 3: Summary of tasks. Consider the duties, functions and responsibilities performed outside of your job description. Using this column, show the approximate average time spent on each task or group of tasks which are a part of your regular work throughout the year. Summarize the actual duties that you perform during the average day; show either the average time in hours or the percent of time spent on each task.

Section Two: Supplemental Questions

1. Please provide a narrative response to each of the supplemental questions.

Additional detail, if desired, should be listed on a separate sheet and attached; sign and date all attachments.

Section One: Employee Summary

<p style="text-align: center;">1 Essential Functions <i>Use your current job description. If the duty is not included in your position description, write duty not included in current position description.</i></p>	<p style="text-align: center;">2- Additional Duties Performed <i>List the duties you perform that you believe are outside your current position description.</i></p>	<p style="text-align: center;">3- Summary of Tasks <i>Use either hours per day or percent of time spent per day on the additional duties listed in item 2; do not include the time spent on the essential function</i></p>
<p>(Additional rows may be added below)</p>		

Section Two: Supplemental Questions

How long have your additional duties been substantially performed as stated above? Years: _____ Months: _____

List the machines or equipment you use in performing your additional duties. _____

List the employees (name and payroll title) under your supervision and indicate whether or not you sign their performance evaluation form. _____

From whom are your work assignments usually received? (List name(s) and title(s)). _____

State your reason for requesting this position classification review.

I certify that I have read the instructions, and to the best of my knowledge, this information is accurate and complete. Attachments are dated and signed.

(Date)

(Signature of Employee)

My initials indicate that I have provided a signed copy of this document to my immediate supervisor _____

POSITION CLASSIFICATION REVIEW FORM- Supervisor Comments
DIRECTIONS TO SUPERVISING PERSONNEL

RECIPT OF
POSITION
CLASSIFICATION
FORM FROM
EMPLOYEE

Review the District position description with the employee. If they express concerns related to their salary, workload or performance, you may refer them to salary placement rules within their collective bargaining agreement, prioritize the workload that has been assigned and/ or discuss questions related to performance.

ORIGINAL
STATEMENTS

Employees are to describe their work in their own words.

COMMENTS BY
SUPERVISORS

Supervisors are requested to check the statements of their employees and are encouraged to make additions, comments, or corrections. Such notations should be made in the comments supervisor's comments section. In no instance should the original statements by employees be stricken out or erased. The term "supervisor" means the person who occupies the next position in authority above that of the employee in the organization, the person who is generally considered to be responsible for directly supervising and **officially evaluating the work done by the employee**. The term is not intended to apply to one who merely inspects, verifies, or checks the employee's work.

PROCEDURES FOR
SUBMITTING
REQUEST

All position classification review forms must be completed and signed by all responsible parties **before submitting to the Reclassification Committee**

A signed duplicate should be retained by the employee.

If you have questions about this process, please contact a member of the Reclassification Committee via email jobs@sandi.net

POSITION CLASSIFICATION REVIEW FORM- Supervisor Comments

TO BE COMPLETED BY THE SUPERVISOR

Employees should provide this form to their supervisor no later than October 15. As the direct supervisor of the employee completing this form, you know the work assigned and level of complexity required for the work completed by employees in this position. Do not give your recommendations either for or against reclassification on this form. Return this form to the employee within 5 days of receipt so that the employee may forward the completed form with signatures to the Reclassification Committee during the window period, September 1 – October 31

1. Review the request for position classification review with the employee.
2. Review the statements of the employee in Sections 1 and 2. Make any comments, corrections or changes in the space provided below. In particular, please comment on the following:
 - a. If you believe there are new job duties, is there an increase in responsibility, decision- making, or independence of action?
 - b. If you believe there are new job duties, do the new duties require additional skills, knowledge, education, certification and/ or licensing?
 - c. Of the new duties, how long has the employee been performing them?
 - d. Were you aware of the new duties being performed? If so, were these duties assigned by you?
 - e. Please describe how the new duties are outside of the job description.
 - f. Is there any information that has not been asked that will be helpful for the committee to make its decision?

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3. With full consideration of the duties and responsibilities of this position, state the **MINIMUM ESSENTIAL QUALIFICATIONS** you would require of a person being considered for the position if this position were to become vacant. **PLEASE BE AS SPECIFIC AND COMPLETE AS YOU CAN.** Keep the **POSITION** itself in mind rather than the qualifications of the individual who now occupies it.

Minimum Required

• Education	
• Training	
• Experience	
• Licenses/ certifications	

4. List any extreme physical or environmental working conditions (i.e., asbestos, blood borne pathogens, or chemicals).

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5. Give examples of typical problems employee must handle and decisions employee is required to make as a regular part of the work.

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6. Make a copy of this request for position classification and provide to the Principal/ Department Head/ Division Head.
7. Return this signed, original completed document to the employee within five (5) days of receipt.

My signature recognizes the employee’s right to request a position classification review, but does not necessarily indicate agreement with the employee’s statement.

_____/_____
(Signature of Supervisor) (Date)