

ARTICLE 17.0 – CHANGE OF JOB RESPONSIBILITIES

- 17.1 Permanent classified employees or District managers may request a review of a job classification when there has been a significant change in job duties. Requests for reclassification shall be submitted to the Human Resources Development and Personnel Services Office in writing on forms approved by the District and the Association Refer to Exhibit 5. The request shall be reviewed and assessed by the employee's immediate supervisor before submission to the Human Resources Development and Personnel Services Office.
- 17.2 Only those requests received in the Human Resources Development and Personnel Services Office before the close of the October 15 (5 p.m.) or the closest working day following will be considered.
- 17.3 The District and the Association shall each appoint two (2) unit members to a Change in Job Responsibilities Review Committee. Employees submitting requests for review of job classification shall not be a unit member of this committee. The Change in Job Responsibilities Review Committee shall review and evaluate each request that is submitted, as well as the supervisor's review and assessment. The committee may interview those employees requesting a review and the employee's supervisor. Within twenty-five (25) working days of receiving the request for review, the Change in Job Responsibilities Review Committee shall do one of the following:
 - 17.3.1 Forward the request to the College President with a recommendation for reclassification into an appropriate existing job classification.
 - 17.3.2 Or recommend that a new job description be developed and negotiated.
 - 17.3.3 Or deny the request and return it to the employee(s) and may make appropriate recommendations.
- 17.4 Employees whose request for reclassification is denied by the Change in Job Responsibilities Review Committee may, within twenty-five (25) working days of receipt of the denial, submit an appeal in writing to the College President.
- 17.5 The College President shall review and evaluate each recommendation received from the Change in Job Responsibilities Committee as well as any appeal from the employee and do one of the following:
 - 17.5.1 Approve the appeal or the recommendation and forward it to the Board. The Boards' decision shall be final.
 - 17.5.2 Deny the appeal or the recommendation; and inform the employee and the appropriate manager of its decision. The College President may recommend the supervisor adjust the employee's duties to align with the job description.

Exhibit 5 – Reclassification Request Form

YUBA COMMUNITY COLLEGE DISTRICT

Classified Employee
Change of Job Responsibilities - Reclassification Request Form

1. BACKGROUND INFORMATION

Name _____ Classification _____

Dept/Div _____ Salary Range _____

Length of Time in Present Position: Years _____ Months _____

Check One: Part-Time ____ Full-Time ____

Name and title of person who directs your daily work: _____

Name and title of person(s) who signs evaluation: _____

2. **REASON FOR REQUEST:** Briefly explain your reasons for requesting this reclassification. Your explanation should address duties that are not currently in your job description (500 words or less).

3. **KNOWLEDGE:** List the specific areas of knowledge that you use to successfully perform your job. Some of the areas to consider are laws, regulations, codes, technical aspects, policies, procedures, practices, terminology, software applications, equipment operation, materials/curriculum or subject matter.

4. **ABILITIES:** List the specific abilities that you use to successfully perform your job.

5. **NOTE:** This Reclassification Request Form *must* be completed totally if it is to be considered.

6. DUTIES AND RESPONSIBILITIES:

A. List the duties that you perform describing each duty in a separate numbered statement. Prioritize your duties in order of importance. In the column on the right, indicate the approximate percent of your total time you spend performing each duty (total time should equal 100%). If more space is needed, please attach additional sheets.

	DUTIES	PERCENTAGE
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____
(5)	_____	_____
(6)	_____	_____
(7)	_____	_____
(8)	_____	_____
(9)	_____	_____
(10)	_____	_____
(11)	_____	_____
(12)	_____	_____
(13)	_____	_____
(14)	_____	_____
(15)	_____	_____
(16)	_____	_____
(17)	_____	_____

7. What machinery or equipment, listed in the current job description, do you use in performing these tasks?

8. Minimum Qualifications (licenses, education): _____

9. Proposed Classification:

10. Comments (optional):

THE INFORMATION PRESENTED HERE IS ACCURATE AND COMPLETE.

Signature of Employee

Date

Approval of Immediate Supervisor:

Signature of Supervisor

Date