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.
- 2. Original to Human Resources and a copy for your records.

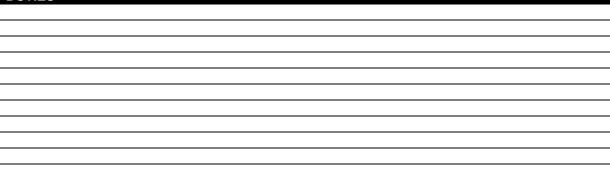
Name	Current Class Title	Current Class Title	
Department	Work Phone		
College	Bldg/Room where you work		

Name & Title of immediate supervisor

Please give an overview of your position and how you believe it has changed or evolved into a different classification. Include any information you feel justifies a re-classification. Attach extra sheets if more space is needed.

List only the duties assigned to you that you believe justify reclassification of your position. Attach extra sheets if more space is needed.

DUTIES



REQUEST FOR POSITION RECLASSIFICATION (continued)

How long have you been performing your current duties?

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

Other than typical office equipment (computer, phone, fax etc.), please list any machines, equipment and/or motor vehicles you are required to operate, if any:

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

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

Employee Signature Date

Supervisor/President signatures are not required. However, we recommend you review this completed form with your supervisor and/or President so they are aware the request has been submitted and the review is in process.

Immediate Supervisor or First Level Manager	President or Designee
(Signature)	(Signature)
(Title)	(Title)
(Date)	(Date)