

IMPERIAL COMMUNITY COLLEGE DISTRICT  
OFFICE OF HUMAN RESOURCES  
**RECLASSIFICATION REQUEST / CLASSIFIED EMPLOYEE**

Name of Requesting Authority: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**PRESENT POSITION**

Position Title: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Funding: District: \_\_\_\_\_ State: \_\_\_\_\_ Federal: \_\_\_\_\_

Acct. No. \_\_\_\_\_ Acct. No. \_\_\_\_\_

Range: \_\_\_\_\_ Months of Service: \_\_\_\_\_ Total Hrs/Wk: \_\_\_\_\_ Total Days/Wk: \_\_\_\_\_

Dates Worked during Week: \_\_\_\_\_

Hours Scheduled to worked during day: \_\_\_\_\_

Hours Scheduled to worked during week: \_\_\_\_\_

**REQUIREMENTS FOR THE POSITION**

Practical skills testing: Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate/License Requirements: \_\_\_\_\_

Other: \_\_\_\_\_

**POSITION TYPE:**

Additional \_\_\_\_\_ Existing \_\_\_\_\_ New \_\_\_\_\_ Revised \_\_\_\_\_

Position Title: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Funding: District: \_\_\_\_\_ State: \_\_\_\_\_ Federal: \_\_\_\_\_

Acct. No. \_\_\_\_\_ Acct. No. \_\_\_\_\_

Range: \_\_\_\_\_ Months of Service: \_\_\_\_\_ Total Hrs/Wk: \_\_\_\_\_ Total Days/Wk: \_\_\_\_\_

Dates Worked during Week: \_\_\_\_\_

Hours Scheduled to worked during day: \_\_\_\_\_

Hours Scheduled to worked during week: \_\_\_\_\_

## REQUIREMENTS FOR THE POSITION

Practical skills testing: Yes\_\_\_\_\_ No\_\_\_\_\_

Certificate/License Requirements: \_\_\_\_\_

Other changes in position: \_\_\_\_\_

## REQUEST FOR RECLASSIFICATION

Justification for Reclassification (be specific, use extra pages if necessary). Identify new and/or revised job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify deleted job duties: (if applicable)

\_\_\_\_\_

If you disapprove of the reclassification request, attach explanation. Copies of the old and new job descriptions must be attached.

## SIGNATURES

\_\_\_\_\_  
Employee's Signature    Date    Approve    Disapprove

Request to / not to appear before Reclassification Committee. (Circle one)    YES    NO

\_\_\_\_\_  
Supervisor's Signature    Date    Approve    Disapprove

Request to / not to appear before Reclassification Committee. (Circle one)    YES    NO

\_\_\_\_\_  
Dean/Director's Signature    Date    Approve    Disapprove

Request to / not to appear before Reclassification Committee. (Circle one)    YES    NO

\_\_\_\_\_  
Vice President's Signature    Date    Approve    Disapprove

Request to / not to appear before Reclassification Committee. (Circle one)    YES    NO

Sent to reclassification committee on the following date:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Human Resources Officer