Natomas Unified School District Classified Personnel Petition for Reclassification

Date of Request:			
Requestor's Name:			
Requestor's Title:			
Employee Name:			
Job Site:			
Current Position/Title:			
Length of time in Current position:	Years	Months	
Proposed Position/Title:			
Employees' Supervisor:			

This petition must be submitted to the Human Resources Department between November 1st and January 31 of the current fiscal year. Petitions will be reviewed for reclassification and responded to by March 31. (Petitions received after January 31 will not be processed)

You may attach any supporting documentation you wish to be considered in reviewing your request as well as using additional pages if necessary. (job descriptions, requests to do work outside the job description, etc)

If in the review of this petition additional information is needed you will be informed, in writing, of the information required.

If the originator of this petition is the employee, a response from the Supervisor will be required. If the originator is the Supervisor, the employee may respond if they so desire.

Please summarize the reason(s) you feel this position should be reclassified. Remember that the information needs to be specific to the "position", not the qualifications of the employee.
Please list all duties and responsibilities the employee is regularly required to perform which are not covered by his/her job description. Be specific.
Explain how the employee came to be assigned duties and responsibilities not covered in his/her job description (i.e., expansion of the function of the school or office, need of employee's special skills or abilities).

Employee Response

If you have anything to add related to the reclas following space.	sification petition, please use the
Employee Signature:	Date:

Administrative Response

If you have anything to add related to the reclassification petitifollowing space.	on, please use the
Supervisor Signature:	Date:

Final Recommendation

Assistant Superintendent Date