

**Issaquah School District  
RECLASSIFICATION REVIEW REQUEST**

**To Employee:** Complete this form if you want to request a review of your position to determine whether it should be reclassified. Be sure to read the Guide to Completing the Reclassification Review Request. Keep a copy of the form and any attachments for your records, and give these completed documents to your supervisor to review between November 1 and by January 16. Your supervisor must submit the entire packet for review by February 1.

**Additional Information:** Attach extra pages to provide any other information you believe will be helpful in understanding the job duties assigned to your position. The entire packet you submit (meaning this form and any attachments) should be no longer than ten pages.

**To Supervisors:** Review the employee's statements and complete the "Supervisor Review" section. Send the completed form to Human Resources within 15 calendar days of receipt, but no later than February 1. If you disagree with any of the employee's statements, please discuss the Reclassification Review Request with the employee.

<b>Date Received</b>
Employee's Supervisor
Human Resources

Employee Name: Last, _____ First _____	Telephone _____	Email Address _____
Department/Location _____		Work Days and Work Hours _____
Supervisor Name and Title _____	Telephone _____	Email Address _____
Current Classification _____	Job Title _____	
FOR HUMAN RESOURCES OFFICE USE ONLY: Decision: Y / N _____		New Classification/Title: _____ Effective Date: _____

**Part I: Summary of Changes**

Identify the changes you propose to the job description. Write changes directly onto a copy of your job current description.

- I wrote my suggested changes on the attached copy of my current job description
- Title Change to \_\_\_\_\_
- Salary Range Change to: \_\_\_\_\_
- Other: \_\_\_\_\_

**Part II: Support for Requested Changes**

Describe below, attaching additional pages if needed, what has changed in your job that supports your requested changes. Explain your reasons and provide any examples. You do not need to repeat the information you provided above.

- 1. New Functions**
  
- 2. Changes to Existing Functions**

**3. Additional Responsibility**

**4. New Skills Required**

**5. Change to Working Conditions**

**6. Other**

**Part III: Employee Review**

The information I have provided is accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part IV: Supervisor**

The information of the Reclassification Review Request is accurate and complete to the best of my knowledge and belief.

- Yes
- No

If you do not agree with any of the information on the Reclassification Review Request, please explain why below, or attach additional page(s).

**Please describe the level of supervision you exercise over this position.**

**Please list examples of decisions the employee is authorized to make without your prior review.**

**Add any additional information that you believe should be considered in the review of this position.**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date