



## Human Resource Services

# AA and CAST Reclassification Request Form

A reclassification may occur when there is a gradual change in the permanent assigned duties and responsibilities of a position and/or a District reorganization. A reclassification may result in changes to a position's duties, salary grade, and/or title.

Administrative Association (AA) and Confidential and Supervisory Team (CAST) employees or supervisors of AA and CAST positions may initiate the reclassification process by completing this Reclassification Request form and submitting it to Human Resource Services (HRS). The effective date of any position's reclassification is the 1<sup>st</sup> of the following month in which the request was initiated. Only one reclassification request may be submitted for a specific position within a 12-month period.

Once HRS receives a reclassification request, the District will begin the reclassification review process. The steps of this process, and required timeline for each step, is indicated below. These steps are described in detail in [Article 1b and 1c under the AA Handbook](#) or [Article 2d under the CAST Handbook](#). HRS will provide periodic status updates to requestors throughout the reclassification process.

Questions regarding this process may be directed to [HRhelp@palomar.edu](mailto:HRhelp@palomar.edu).

| Step in the Reclassification Process                                                                                                                                                                                                                                       | Timeline                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1. The employee or supervisor submits the completed Classified Reclassification Request form to HRS.                                                                                                                                                                       | N/A                                        |
| 2. HRS reviews the request and accepts or denies it.                                                                                                                                                                                                                       | N/A                                        |
| 3. <b>If the request is accepted:</b> HRS sends the Classification Questionnaire to the employee. Once received, HRS sends the supervisor a copy of the request form and the Supervisor's Supplement. The supervisor completes the supplement and submits the form to HRS. | 10 workdays for the supervisor to complete |
| 4. HRS reviews the completed questionnaire and supplement, prepares a recommendation and issues it to the requestor. The Reclassification Appeal – Final Recommendation form will also be provided in the event that an appeal is desired.                                 | N/A                                        |
| 5. <b>If the requestor agrees with the recommendation:</b> The District will forward the reclassification to the Governing Board for approval.                                                                                                                             | By the next Board Meeting                  |
| 6. <b>If the requestor disagrees with the recommendation:</b> The requestor may file an appeal. The final recommendation of the VPHRS will be submitted to the Governing Board for approval if a reclassification or other changes to the position are recommended.        | 5 workdays to file appeal                  |
| Step in the Appeal Process                                                                                                                                                                                                                                                 | Days to Complete Step*                     |
| 1. AA/CAST Reclassification Appeal form submitted by requestor to HRS.                                                                                                                                                                                                     | 5 workdays                                 |
| 2. AA/CAST Reclassification Appeals Committee reviews appeal and issues a recommendation to the VPHRS.                                                                                                                                                                     | 30 days                                    |
| 3. VPHRS issues a final recommendation to the requestor regarding the appeal.                                                                                                                                                                                              | N/A                                        |



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Requests must be submitted to Human Resource Services at [HRhelp@palomar.edu](mailto:HRhelp@palomar.edu). If you need additional space to complete any section, **you may attach additional pages up to a maximum of three additional pages**. Only requests with all sections completed and signatures present will be considered.

|                                                                                                                                                                                                                                                                                                                                  |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Current Title:</b>                                                                                                                                                                                                                                                                                                            |                         |
| <b>Employee Name:</b>                                                                                                                                                                                                                                                                                                            | <b>Salary Grade:</b>    |
| <b>Department:</b>                                                                                                                                                                                                                                                                                                               | <b>Date of Request:</b> |
| Is the employee currently receiving out-of-class pay to perform expanded duties? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                        |                         |
| Describe the major changes in duties performed by the position. Explain how these changes differ from those on the District class specification for this position. Class specifications may be viewed at <a href="https://www.palomar.edu/hr/jdadministrative/">https://www.palomar.edu/hr/jdadministrative/</a> .               |                         |
| What, if any, changes in the department or program have resulted in the changes in duties?                                                                                                                                                                                                                                       |                         |
| What impact would a reclassification have on the work unit? Please provide specific information. For example, will other employees be assigned duties that this position will no longer perform? Will the redistribution of duties result in a need to hire additional staff or request reclassifications of existing positions? |                         |
| Name and title of requestor:                                                                                                                                                                                                                                                                                                     |                         |
| Employee's Signature and Date:                                                                                                                                                                                                                                                                                                   |                         |
| Supervisor's Signature of Acknowledgement* and Date:                                                                                                                                                                                                                                                                             |                         |
| Vice President's Signature of Acknowledgement* and Date:                                                                                                                                                                                                                                                                         |                         |

\*This does not indicate that you agree or disagree with the reclassification request.