



# Request for Classification Review & Reclassification Policy

## **POLICY STATEMENT:**

This policy outlines the process and procedures for departments seeking to reorganize their staffing structure and/or requesting an assessment of specific job classifications to determine if a reclassification is warranted. It provides a clear framework for submitting these requests, ensuring consistency, transparency, and alignment with organizational needs and priorities.

The job classification system is designed to ensure that positions accurately reflect the duties, responsibilities, and qualifications required for the effective performance of each department. Reclassification of positions is based on the need for changes in duties and responsibilities of a position and not on an employee's length of service, increase in workload or recognition of an individual's job performance.

## **ROLES AND RESPONSIBILITIES:**

The roles and responsibilities of employees, supervisors, managers, and department directors are summarized below.

- **City Manager:** Approves reclassification requests.
- **Department Director:** Initiates a reclassification request, reviews employee requests for reclassification and makes recommendations to the HR Director if they support the request for classification review/assessment, ensures that employees perform work duties and responsibilities within their existing classification.
- **Human Resources Department Director (HR):** Reviews requests, recommends to the Assistant City Manager if the request to conduct a classification review/assessment should be conducted, makes recommendations to the City Manager based on the outcome of classification assessments, and oversees the reclassification process.
- **Managers/Supervisors:** Make recommendations to the Department Director if they support the employee's request for a classification review/assessment and ensure their direct reports work within their existing classification.
- **Union Representative:** May initiate a reclassification request to the HR director on their member's behalf.
- **Employees:** May request a reclassification assessment from their Manager/Supervisor and participate in classification review/assessments and/or job analysis as needed.

## **DEFINITIONS:**

- A. **Classification:** A group of positions with similar skills, qualifications, duties, and responsibilities. A classification is not based on the qualifications an applicant or incumbent holds.
- B. **Position:** A group of duties and responsibilities assigned to an employee.
- C. **Reclassification:** The change from one classification to a different classification due to a significant and material change in the duties, responsibilities, and qualification requirements.

## **PROCEDURES:**

1. **Eligibility for Classification Review:** This Policy shall apply in any of the following situations:

- **Job Duties Changes:** A position may be eligible for reclassification if the assigned duties and responsibilities have changed substantially and consistently for at least six months.
  - **Vacant Positions:** Vacant positions may be reclassified to a new or existing position.
  - **New Skills or Knowledge Requirements:** If new skills, qualifications, or knowledge are required to perform the job effectively, a reclassification review/assessment may be warranted.
  - **Organizational Changes:** If organizational restructuring is needed and/or other changes to a department's roles and responsibilities significantly alter a position's responsibilities, a reclassification review may be requested.
  - **Union Representative:** A union representative may initiate a reclassification review by submitting a written request to the Human Resources (HR) Department.
  - **Citywide Study:** A citywide analysis of job classifications may include recommendations to reclassify positions.
2. **Frequency of Classification Review Requests:** A classification review/assessment may be requested if the position has not been reviewed within the previous twelve (12) months and if substantial changes have been made in the duties and responsibilities assigned to the position for more than six (6) months, or there is evidence that the majority (50% or more) of the work being performed is not appropriate for the position's current classification.
3. **Submission of a Classification Review Request:** The following are the submission requirements:
- a. A Department Director or union representative may submit a reclassification request to the HR Director. The documentation should include a detailed explanation of the changes or proposed changes in duties and responsibilities and justification for new classification review/assessment (see Attachment A - Memo Template). The submission requirements are further detailed below.
  - b. If the employee wants to initiate a request, they must speak to their Manager/Supervisor for Department Director support for their request for a classification review/assessment.
  - c. The Department Director must consult HR before submitting a request for a classification review/assessment.
  - d. The Department Director reviews and submits documentation to initiate the classification review/assessment request.
  - e. HR alerts the City Manager's Office that a classification review/assessment request has been received and coordinates the next steps.
  - f. Requests for classification a review/assessment can be made two times per year, and must be submitted to HR by 1) September 1st and 2) January 1st. The Finance Director must review all proposed reclassifications of positions to ensure adequate funding exists in the budget if compensation increases are warranted.
  - g. In extenuating circumstances, the City Manager may authorize an off-cycle request for a classification review/assessment.

- h. The initiator must complete Sections A–C of the Request for Classification Review/Assessment (Attachment B).
  - i. The position's immediate supervisor or manager completes Section D.
  - j. The Department Director completes Section E and submits it to the Human Resources Director with:
    - o A memo that summarizes the basis for the request and any potential budget impacts. The memo template is Attachment A.
4. **Classification Review/Assessment:** If the reclassification request is deemed necessary for further consideration, HR, or a third-party consultant, will conduct a classification review/assessment, which may include interviews with the employee, supervisor, and other stakeholders and a review of job descriptions and other relevant documentation. HR may request additional information from the employee, supervisor, or Department Director to complete the assessment.
5. **Reclassification Evaluation Criteria:**
  - Substantial and Permanent Changes: The extent to which the job duties have changed in scope, complexity, and responsibility over a six-month period.
  - Comparison with Existing Classifications: The degree to which the position aligns with other existing city classifications.
  - Knowledge, Skills, and Abilities: Changes in the required qualifications for the position.
  - Supervisory Relationships: Changes in the reporting structure or supervisory responsibilities of the position.
6. **Evaluation and Recommendation:** Based on the classification review/assessment, HR will prepare a recommendation that determines whether a reclassification is warranted.
7. **Budget Review:** If HR recommends approval of a reclassification, they will inform the Department Director who will work with the Finance Department to analyze any potential budget impacts. If a reclassification recommendation results in increased costs that cannot be absorbed in the current fiscal year budget and on an ongoing basis (i.e. future budgets); the Department Director will prepare a memo for the City Manager summarizing the budget impacts, identifying funding sources, and seeking a budgetary adjustment.
8. **Approval Process (Cost Neutral):** If the reclassification is deemed warranted by HR, and the Finance Department has confirmed that the reclassification is cost neutral (for current budget and future budgets), the reclassification is approved. The request does not need City Council approval if the department's approved full-time equivalent (FTE) position count and/or budget do not increase. Upon approval, HR will create or update the job classification document and on the salary schedule.
9. **Approval Process (Budget Impact):** The City Manager or designee will review the recommendation and decide on the reclassification request. The City Manager will only consider requests that HR and the Finance Department have evaluated. Requests for approval must be received by December 1st for consideration in the mid-year budget and by March 1st for consideration in the new fiscal year budget. If the City Manager approves a request that has a budget impact, the Department Director will work with Human Resources to obtain City Council approval and bargaining group notification. Upon

approval, HR will create or update the job classification document and on the salary schedule.

**10. Notifications:**

- a. HR will notify the department director, employee, supervisor, and the Finance department when a reclassification has been approved.
- b. If applicable, HR will notify the appropriate bargaining unit(s) of changes, with adequate time for response and addressing any questions, in advance of any proposed personnel change is included in a staff report to the City Council. The staff report should reflect that that bargaining unit has been notified and is in agreement with the proposed personnel change. If the bargaining unit does not agree with the change, HR will escalate to the City Manager or designee.
- c. The department will submit a Personnel Action Request (PAR) form to HR, and payroll changes will be enacted for the effective date.

**11. Monitoring and Evaluation:**

- a. The Department Director will monitor the performance and impact of the reclassified position over time.
- b. HR will conduct periodic reviews to ensure compliance with job classification standards.


**12. Documentation:** Comprehensive documentation of all classification review requests, analyses, recommendations, and decisions are maintained in HR records. The PAR is maintained in the employee's file. This recordkeeping ensures transparency and accountability in the reclassification process, and authorization to change payroll.

**13. Compliance:** This Policy complies with all applicable federal, state, and local laws and regulations, including equal employment opportunity and fair labor standards.

**ATTACHMENTS:**

- A. Classification Review Request Memo Template
- B. Classification Review Request Document

**APPROVED BY:**

  
Cristine Alilovich (Sep 8, 2025 13:16:28 PDT)  
**Cristine Alilovich, City Manager**

09/08/2025  
**Date**

Issue Date: September 19, 2007

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Revision Date: January 1, 2025

Prepared By: Marissa Sanchez, Human Resources Director



## INTERDEPARTMENTAL MEMORANDUM

DATE

To: Human Resources Director

From: Department Director Name

Subject: New Position Classification/Position Reclassification Request

Instructions:

Summarize a high-level overview of the request.

Every request must have the following documentation, as applicable:

- Classification and Reclassification Request Form
- Budget analysis and confirmation from Finance Director or designee that the request either does or does not have Budget Impact, as outlined in the Policy.
  - **Budget Impact:** *If due to adding a classification or reclassifying a position, there is an increase to the department's approved full time equivalent (FTE) position count and/or to the department's budget, it is considered a budget impact and needs City Council review and approval to proceed. If there is no increase to the department's approved FTE position count and/or the department's budget, the request does not need City Council approval.*



# Classification and Reclassification Request Form

## Position Description Questionnaire

It is necessary to obtain reliable information about the duties and responsibilities of job positions. The information provided should describe only the duties and responsibilities of the position and will be used to help determine the proper classification and salary of the position. The information will not be used to evaluate an employee's work performance or qualifications.

Answer all questions completely. For creation of New Position, fill in as applicable. If the space provided is not sufficient, attach additional sheets as necessary. Be sure to identify the question on any attached sheets.

### PROCEDURE

- Initiator must complete Sections A – C.
- Immediate Supervisor of the position completes Section D. This may be the Department director.
- Department director completes Section E and submits to the Human Resources Director with:
  - Memo with high-level summary and budget impact of request. Memo template is Attachment A of the policy.
  - Supporting financial documentation – proof of budget from the Finance Department or budget impact change recommendation.

### SECTION A - GENERAL INFORMATION

Full name	
Current classification title	
Department	
Work location	
Work phone number	
Days/hours of work	
How long have you held this position	
Name and title of immediate supervisor	
Number of employees and titles supervised or for whom this position/you provide work direction	

List any equipment regularly used by this position	
Is a driver's license needed for the position	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other types of licenses needed for the position  If yes, specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECTION B - CLASS DESCRIPTION INFORMATION**

Using the current class description as a starting point, complete the following information:

Is the title appropriate for the position	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, what is a more accurate title	
What basic function does the position serve in assisting the department to fulfill its purpose; what is the major reason or purpose for the position	
What are the three most critical or important duties which the position/you perform	
Are the <b>qualifications</b> or <b>requirements</b> listed in the position description appropriate for the job as it is being performed/intended today  If not, summarize missing qualifications. Remember, they must be clearly related to the job, not a listing of your own personal skills and knowledge.	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are the <b>three</b> most important qualifications for this position that you consider indispensable	

In what ways has the job changed/evolved over the past one to two years?	
--------------------------------------------------------------------------	--

- Begin with those duties that you consider to be the most important.
- Start each duty with a verb, stating specifically what you do and how you do it.
- In the columns to the right, indicate the approximate percentage of time you spend performing each duty (total time should equal 100%) and how often they are performed. D = Daily, W = Weekly (at least once), M = Monthly (at least once), Y = Yearly. Attach additional sheets of paper as necessary.

[illegible]



	TOTAL TIME - should equal 100%		

**SECTION C - CLASS STRUCTURE INFORMATION**

Describe the supervision received from your immediate supervisor – include type and frequency.	
Describe the most difficult and/or major decisions you make in the course of your work.	
In your opinion, what other position(s) in the organization, if any, is (are) most similar to yours?	
In your opinion, is your class description too broad and general or too narrow and specific?	

Below Describe this position/your regular contact with others and state the reason for the contact and the frequency. Use "C" for continuous, "F" for frequent, and "A" for "as needed."

**Internal Contacts** – What departments/positions does this position/you contact (if any) during the course of duties?

Organization/person	Reason for contact	How often?


**Outside Contacts** -What outside organizations does this position/you contact (if any) during the course of duties?

Organization/person	Reason for contact	How often?

**What is the requested/recommended effective date of this change:** Click or tap to enter a date.  
To align with budget cycle reviews, work with HR to use the Classification Reclass Submission Timeline Tool.

I certify that the above answers are my own and accurate:

Signature/Date

SAMPLE

**SECTION D - IMMEDIATE SUPERVISOR'S COMMENTS**

Please note any exceptions or additions to the questionnaire (reference the numbered item on the questionnaire).	
What do you consider to be the three most critical or important duties of this position as it exists now?	
Comment on your support or disagreement with any suggested classification or title change.	
Other comments	

**SECTION E - DEPARTMENT DIRECTOR'S COMMENTS (If not reported in Section D)**

**Significant Job Actions Request** Items with an asterisk (\*) will require City Council approval. Please select the appropriate request:

- ☐ Creation of a new classification without budget/FTE impact
- ☐ Creation of a new classification with budget/FTE impact\*
- ☐ Increase/decrease in the job duties of a current position
- ☐ Reclassification without budget/FTE impact
- ☐ Reclassification with budget/FTE impact\*
- ☐ Present vacancy of position with out-of-date job description
- ☐ City-wide study

Please note any exceptions or additions to the statements of the employee or the immediate supervisor. If none, it is assumed that you agree with the information provided above.

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I certify that the above answers are my own and accurate:

**Signature/Date**

Submit this form in PDF to the Human Resources Director with:

- Memo, including high-level summary and budget impact of request (template attached to policy)
- Supporting financial documentation – proof of budget from the Finance Department or budget impact change recommendation.

**SECTION F – HUMAN RESOURCES APPROVAL/DENIAL**

Current job classification/title	
Current bargaining unit	
Current salary steps as of _____ (date)	Step A Step B Step C Step D Step E
Proposed job classification/title	
Proposed bargaining unit	
Proposed salary steps as of _____ (date)	Step A Step B Step C Step D Step E
Reclassified position benchmarked against a current position. If yes which position?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Evaluation and recommendation by:

Signature - Human Resources Director

Date

Evaluation and recommendation denial by:

Signature - Human Resources Director

Date

**SECTION G – CITY MANAGER OFFICE APPROVAL/DENIAL**☐ Approved – Signature:☐ Denied – Signature:

Comments:

SAMPLE

# Please Sign -- Class/Reclass Policy (Final)

Final Audit Report


2025-09-08

Created:	2025-09-08
By:	Nick Biss (nick.biss@cityofsanrafael.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAXr-AySk-hUw5OaRjDAfoj7XnaJS4EXRt

## "Please Sign -- Class/Reclass Policy (Final)" History

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 Agreement completed.

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