

CITY OF SAN RAFAEL POLICIES AND PROCEDURES



Subject:	Reclassification
Resolution No.	
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Revision Date:	July 27, 2010
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Approved By:	Ken Nordhoff, City Manager

POSITION RECLASSIFICATION POLICY

PURPOSE:

The purpose of this policy is to clarify the proper procedures and requirements for reclassifications for all City of San Rafael classifications.

RESPONSIBILITY:

A reclassification can be initiated by either the employee, the Union representative or the Department Director by completing the Position Description Questionnaire (PDQ). The Department Director is responsible for completing the Reclassification Questionnaire and Approval form. Human Resources staff is responsible for reviewing the required documents and submitting them to the City Manager's office with a recommendation for approval or denial. If the City Manager approves a reclassification, Human Resources staff will be responsible for finalizing the reclassification.

REFERENCES:

Job Action Checklist; applicable Memorandum of Understanding (MOU); City Rules and Regulations

DEFINITIONS:

A. Classification

The basic principle of position classification is that positions similar in duties and responsibilities should be grouped together in a common category. Position classification is based on the duties and responsibilities of the job and not on the qualifications held by an applicant or incumbent.

B. Reclassification

A classification review may be requested if the position has not been reviewed within the previous twelve (12) months *and* if permanent and substantial changes have been made in the duties and responsibilities assigned to the position or there is evidence that the majority (50% or more) of the work being performed is not appropriate for the position's current classification. A request for a reclassification analysis may be made by the employee, Union representative or Department Director through the procedures outlined in this Reclassification Policy and in the applicable MOUs. Reclassification is based on changes in duties and responsibilities in a position and not on an employee's length of service, increase in workload, or as recognition of an individual's job performance.

Reclassification Policy

Classification or reclassification of a position is initiated in one of five situations.

1. Creation of a new position;
2. Increase/Decrease in the job duties of a current position;
3. Vacancy occurs for a position which does not have an up-to-date job description;
4. Supervisor/Department Director Request
5. City-wide study
6. Employee request

Reclassification requests are initiated through completion of a Position Description Questionnaire (PDQ) which outlines information that is needed to initiate the study including:

1. Description of essential duties and responsibilities of the position, and how they have changed from those outlined in the job description.
2. List of decision-making and supervisory responsibilities.
3. List of skills, education, training, and experience required to successfully perform the duties of this position.
4. Description of working conditions and physical requirements of the position.
5. Supervisor's review.

Position Description Questionnaires (PDQ) will be reviewed biannually for reclassification consideration. Questionnaires are due by August 1st for a decision by September 30th and by February 1st for a decision by March 31st.

POLICY:

This policy establishes the procedures for requesting a position reclassification and explains the timelines and requirements associated with a reclassification.

PROCEDURE:

1. The employee in the position to be considered for reclassification must complete a Position Description Questionnaire (Attachment A) which can be obtained from the Human Resources Department, Room 210 in City Hall, or downloaded from the City's Intranet site. The employee's immediate supervisor must complete Section D. The Department Director must complete Section E.
2. The Position Description Questionnaire (PDQ) must be submitted to the Human Resources Department by the deadlines outlined above for consideration.
3. Human Resources staff will conduct an initial review of each PDQ and make recommendations to the City Manager's office for authorization to proceed with the reclassification study.
4. If a full review is approved by the City Manager or designee, Human Resources staff will complete the following steps:
 - a. Meet one-on-one with the current incumbent and their representative, if desired.
 - b. Upon completion of the one-on-one meeting, evaluate and classify the position based on the information contained in the PDQ, revised job description and the information obtained from the oneonone meeting.
 - c. Revise the job specification accordingly.

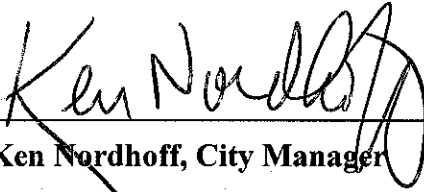
Reclassification Policy

- d. Conduct a review of the final evaluation and determine appropriate salary range.
 - e. Notify the supervisor/manager of the outcome of the reclassification request in writing or via e-mail using the "Reclassification Approval/Denial Form" (Attachment B).
5. The employee will be notified in writing of the results of the reclassification request within two weeks after a decision has been made.
 6. If a reclassification is granted, the employee's wage rate will change to reflect the new pay range, if applicable, and correct placement on the appropriate salary schedule. Any pay increase will go into effect at the beginning of the pay period immediately following the decision. Human Resources staff will notify the Finance Department of all pertinent information.
 7. If the reclassification is denied or the employee is not satisfied with the reclassification, the employee has the right to appeal the decision to the City Manager. Such an appeal must be made within 30 days of receiving notification of the audit results. The appeal procedure will be explained in the denial letter. The employee may also contact the Human Resources Department for further explanation of the appeal process.

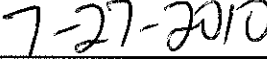
ATTACHMENTS:

- A. Position Description Questionnaire
- B. Reclassification Approval / Denial Form

APPROVED BY:



Ken Nordhoff, City Manager



Date



POSITION DESCRIPTION QUESTIONNAIRE

INSTRUCTIONS:

In maintaining a position classification plan, it is necessary that reliable information be obtained about the duties and responsibilities of positions. Since you are the best person to describe the duties and responsibilities of your job, you are being asked to fill out this questionnaire. The information you provide should describe only the duties and responsibilities of your position and will be used to help determine the proper classification and salary for your position. The information will not be used to evaluate your work performance or your qualifications.

You should answer all questions completely. If the space provided is not sufficient, attach additional sheets as necessary. Be sure to identify the question number on the attached sheets.

SECTION A - GENERAL INFORMATION

Full Name _____ Current Class Title _____

Work Location _____ Work Number _____

Days/Hours of Work _____ How long have you held this position? _____

List any equipment you regularly use on this job: _____

Do you need a driver's license for the work? Yes No

Do you need another type of license for the work? Yes No

If yes, please specify: _____

Name and Title of immediate supervisor: _____

Title and number of employees supervised or for whom you provide work direction:

Reclassification Policy

SECTION B - CLASS DESCRIPTION INFORMATION

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

Is the title appropriate for your position: Yes No

If not, what title would you prefer? _____

Below, please describe in detail your essential regular duties, numbering each duty in a separate statement. 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 percent 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. Use additional sheets of paper as necessary.

#	Essential Duties and Responsibilities	% Of Time	How Often Performed

Reclassification Policy

TOTAL TIME (should equal 100%)			

What basic function does your position serve in assisting your department to fulfill its purpose; what is the major reason or purpose for your work?

What are the three most critical or important duties which you perform?

Are the qualifications or requirements listed appropriate for the job as it is being performed today?

Yes _____ No _____ (If not, please change the description accordingly and summarize missing qualifications below). *Remember, they must be clearly related to the job, not a listing of your own personal skills and knowledge.*

Reclassification Policy

If you were looking for your own replacement, what are the three most important qualifications you would consider indispensable?

In what ways has your job changed over the past one to two years?

SECTION C - CLASS STRUCTURE INFORMATION

Describe the supervision you receive from your immediate supervisor – include type and frequency.

Describe the most difficult and/or major decisions you make in the course of your work.

Reclassification Policy

Describe 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."

a. Internal Contacts - With what other departments/positions do you come in contact?

Department/ Position	Reason for Contact	How Often?

b. Outside Contacts - With what other outside organizations do you come in contact (if any) during the normal course of your duties?

Outside Organization	Reason for Contact	How Often?

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?

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

Signature

Date

Reclassification Policy

SECTION D - IMMEDIATE SUPERVISOR'S COMMENTS

Please note any exceptions or additions to the employee's 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?

1. _____
2. _____
3. _____

Comment on your support or disagreement with any suggested classification or title change.

Other comments?

Have you discussed your comments/concerns with this employee? Yes No

_____ Signature of Immediate Supervisor	_____ Date
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Reclassification Policy

RECLASSIFICATION APPROVAL/DENIAL FORM

CURRENT JOB TITLE: _____

CURRENT BARGAINING UNIT: _____

CURRENT SALARY STEPS AS OF _____ (DATE):

STEP A: _____ STEP B: _____ STEP C: _____ STEP D: _____ STEP E: _____

PROPOSED JOB TITLE: _____

PROPOSED BARGAINING UNIT: _____

PROPOSED SALARY STEPS (AS OF _____ DATE):

STEP A: _____ STEP B: _____ STEP C: _____ STEP D: _____ STEP E: _____

Reclassified Position benchmarked against _____ position
(if applicable)

APPROVED BY:

Signature

Date

Printed name and title

DENIED BY:

Signature

Date

Printed name and title