



PITTSBURG UNIFIED SCHOOL DISTRICT

Human Resources

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PUSD RECLASSIFICATION or UPGRADE REQUEST QUESTIONNAIRE

REQUESTING PARTY: _____
Name (Last, First)

Date _____

Check the appropriate box below for this request (Reclassification or Upgrade). **Note:** "Work load increase will not be considered as a basis for Reclassification or Upgrade" (CSEA contract - Article XXII 9c).

RECLASSIFICATION?

- A major change in the permanent duties/tasks, which requires a change in the job description.
- Substantially increased responsibility, complexity of current technical and/or decision-making skills on a permanent basis.

UPGRADE?

- The position is improperly placed on the salary schedule in relation to similar classes or positions (i.e. clerical, maintenance, aides, etc.)
- The position is out of line with similar positions in the agreed upon comparisons districts as to its placement on the salary schedule.

GENERAL INFORMATION

Current Classification: Job Title - _____ Salary/Range - _____

Name of School or Department _____

Length of Time in Present Position: _____ Yrs. _____ Mos.

Total Length of Time with the District: _____ Yrs. _____ Mos.

Title of Immediate Supervisor: _____

Name of Immediate Supervisor: _____

Requested Classification: Job Title - _____ Salary/Range - _____

Does Your Current Class Title Accurately Describe Your Position? Yes No

(Please Give Reasons)

KNOWLEDGE AND ABILITIES

Knowledge

List the specific areas of knowledge that a person must possess to successfully perform your job. Some of the areas to consider are laws, regulations, codes, technical aspects, policies, procedures, practices, terminology, software applications, equipment operation, materials, curriculum or subject matter.

Abilities

List the specific abilities that a person must possess to successfully perform your job. Some of the areas to consider are abilities to perform certain functions; plan, create, explain, develop, prepare, maintain, repair, operate, administer, coordinate and review.

Minimum Formal Education:

Specialized Training (Years and Type):

Previous Experience (Years and Type):

Licenses, Certification or Registration:

Training Period (required for a new employee possessing the qualifications above):

OTHER FACTORS

If you wish to present additional information about your job, use this space; additional sheets may be attached if needed.

Signature of Employee

Date

Supervisor Signature: _____
(Signature only indicates supervisor's awareness of this request)

Supervisor's comments (Optional)
