

## **Overview**

An employee who feels they are performing the work of another classification or skill level may request a classification review. Review requests are available to employees represented by the Union of American Physicians and Dentists (UAPD), California State University Employees Union (CSUEU), the Academic Professionals of California (APC), the Teamsters Local 2010, and the State University Police Association (SUPA).

## **Process**

If an employee decides to pursue a classification or skill level review, the employee must submit a Classification or Skill Level Review Request form. The form should be submitted with any supplemental documentation (including specific information as to what duties and responsibilities have changed) to their Appropriate Administrator.

The Appropriate Administrator shall sign the request to acknowledge receipt and forward to Human Resources for review. Human Resources will confirm the date of receipt with the employee. Human Resources will meet with the Appropriate Administrator to review the employee's position description and any documents submitted with the request. The Appropriate Administrator must ensure the position description's major duties reflect the duties actually assigned to ensure properly classified.

Should additional information be required after the Appropriate Administrator and Human Resources meet, a desk audit will be scheduled to gather information directly from the employee performing the duties. The employee has the right to request their union representative be present at that meeting.

A review and decision must be completed within one hundred eighty (180) days after the request is received by Human Resources.

As part of the initial classification review, a review of the job description, similar positions elsewhere on campus or within the system, and a review of market salary data for comparable positions will be evaluated.

## **Approval**

If approved, Human Resources will work with Appropriate Administrator to get a PAF submitted. If denied, the employee will be notified in writing by Human Resources. The decision of a classification review shall be final and shall not be subject to either a grievance or complaint.

An employee shall not submit a request for a Classification or Skill Level Review prior to twelve (12) months following receipt of a response to any prior Classification or Skill Review request.

## **Funding**

All classification salary increases are funded by campus funds only. Appropriate funding must be available to support such salary increases.

**For Represented Employees (CSUEU, APC, SUPA, Teamsters Local 2010, and UAPD)**

Employee initiated classification or skill level review requests shall be submitted to the Appropriate Administrator before being forwarded to Human Resources. For APC employees, if an administrator has not forwarded the request within fourteen (14) days, the employee can file the request directly with Human Resources. Review of employee initiated requests shall be completed within one hundred eighty (180) days after the request is received by Human Resources. If an administrator has not forwarded the request within thirty (30) days, the employee can file the request directly with Human Resources.

Employee Name	Empl ID:
Working Title:	Classification Title:
Email Address:	Department:
Appropriate Administrator:	Division:

**Request Submitted by:**

Employee

Appropriate Administrator

**Type of Request**

**Reclassification** - Movement from one classification to one that is higher

**In-Class Progression** - Movement from one skill level to a higher skill level within a classification for positions with multiple skill levels, e.g., ASA I to ASA II or Foundation Level to Career Level in the Information Technology Series

**Reason for request:** (Please describe the reason for the request, and submit any appropriate supporting documentation).

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Appropriate Administrator Signature (Confirming Receipt of Request Only)**

\_\_\_\_\_  
**Date Received**

**FOR HUMAN RESOURCES USE ONLY**

By: \_\_\_\_\_

Approved                      Denied