

**Hemet Unified School District  
POSITION RECLASSIFICATION FORM**

RETURN THIS FORM TO THE DISTRICT OFFICE, ATTN: RECLASSIFICATION COMMITTEE  
(see procedures on other side)

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Person making request if other than the unit member: \_\_\_\_\_

Current Title/Position \_\_\_\_\_ Current Location/Dept. \_\_\_\_\_

Current Work Year (Check those that apply) \_\_\_ 10 month \_\_\_ 11 month \_\_\_ 12 month \_\_\_ Other (Please explain)

Current Supervisor \_\_\_\_\_

Length of time in current position \_\_\_\_\_ Original hire date \_\_\_\_\_

**POSITION RECLASSIFICATION WORKSHEET**

Desired Position / Classification \_\_\_\_\_

Desired Location / Department \_\_\_\_\_

If you believe you are working out-of-class, list the specific duties / responsibilities that are causing this:

\_\_\_\_\_  
\_\_\_\_\_

Attach additional information and rationale (optional). You may use the back side to state any additional factors which support this request.

\_\_\_\_\_/\_\_\_\_\_  
Employee Signature Date Supervisor Signature (not required) Date

\_\_\_ Agree \_\_\_ Disagree

(Attach Explanation for Supervisor Disagreement)

**AUTHORIZATION SIGNATURES - RECLASSIFICATION PANEL**

\_\_\_ Approve \_\_\_ Disapprove (please explain) \_\_\_\_\_

\_\_\_\_\_ Date 1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

**ADMINISTRATIVE SIGNATURES**

\_\_\_\_\_  
Approve Disapprove Date Personnel Administrator

\_\_\_\_\_  
Approve Disapprove Date Business Administrator

\_\_\_\_\_  
Approve Disapprove Date Superintendent of Schools

