

**Hemet Unified School District
POSITION RECLASSIFICATION APPEAL PROCEDURES**

RETURN THIS FORM TO HUMAN RESOURCES WITHIN 30 DAYS OF NOTIFICATION
(Attach this form to your original request for reclassification)

An employee whose request is denied or only partially granted may file an appeal. This appeal must be requested within thirty (30) days of the Reclassification Appeal Committee's recommendation. The Reclassification Appeal Committee will review the information submitted by the unit member requesting a reclassification and the written findings of the Reclassification Committee. This Reclassification Appeal Committee may or may not bring the unit member in for a meeting. In addition, the Reclassification Appeal Committee will use job descriptions and salary schedules from Temecula Valley Unified School District, Lake Elsinore Unified School District, and one other district agreed upon by the Reclassification Appeal Committee for comparison ratings.

In order for an appeal to be granted, the Reclassification Appeal Committee must reach consensus. At the conclusion of their work, the Reclassification Appeal Committee will make their recommendation to the Superintendent. With the Superintendent's concurrence, the recommendation will be placed on the Board of Education Agenda. One appeal per denial of reclassification request will be accepted; however, this does not waive any legal rights the employee may have through other contractual or legal rights.

The Reclassification Appeal Committee will consist of two (2) CSEA representatives and two (2) District representatives. One (1) of the Reclassification Appeal Committee member from each party will have been a member of the Reclassification Committee and the other two (2) will be the President of CSEA and the Assistant Superintendent or their designees.

Complete the Reclassification Appeal Form and turn it in to Human Resources within 30 calendar days of notification. The Reclassification Appeal Committee will make its recommendation to the Superintendent

**Hemet Unified School District
POSITION RECLASSIFICATION APPEAL FORM**

Employee Name _____ Date _____

Current Title/Position _____ Current Location/Dept. _____

Desired Position / Classification _____

Reason for appeal _____

Employee Signature

Date