

Sutter County Superintendent of Schools  
CSEA Chapter #634

Appendix C-2

**Employee Reclassification Application**

**Instructions: All questions must be answered.**

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Worksite: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Salary Range: \_\_\_\_\_

Classification title in which you believe you are currently working: \_\_\_\_\_ Range: \_\_\_\_\_

Time in Current Position: \_\_\_\_\_ Years \_\_\_\_\_ Months    Months worked per year: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

*Supervisor will be contacted for their separate input.*

**Please answer each question as thoroughly as possible.**

(If additional space is needed in any section of this form, attach a separate sheet.)

1. Describe the duties performed that you believe fall outside of your current job description:

2. List duties that you are performing that are in a higher classification or equal classification that are not in the job description of your current classification.

3. How long have you been performing such duties? Were you assigned these duties by someone or do you feel they were part of your job?

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4. Describe any changes in the level of supervision or autonomy of your current position:

5. Has the nature and level of discretion the position requires increased significantly? Please explain:

6. Describe any specialized education, training, skills, certificates, or licenses required to perform your duties:

7. Has there been any significant change in the relationships with people including the extent and difficulty level of contact with other employees, parents, and members of the public?

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**Signature**

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**Date**