Article 24  Classification Review and Reclassifications

Section 5. Appeals Process

A. Employees who are dissatisfied with the classification recommendation may appeal the committee’s decision. Appeals must be made in writing on the forms provided. Requests will be directed to, and reviewed by, the chief human resources officer and the Superintendent/President, or designee.

B. It is the responsibility of each employee to submit the required documentation to the Human Resources Office and the direct supervisor within 14 calendar days from the receipt of the classification recommendation.

C. The following documents will be reviewed on the appeal:
   1. The completed and signed Employee Request for Reconsideration form.
   2. The completed and signed Immediate Supervisor Feedback form.
   3. The original review and reclassification request file, including the employee’s application, the supervisor’s statement, and the committee’s records.

D. A written decision will be rendered within 30 calendar days from the date the Employee Request for Reconsideration form is submitted to the Human Resources Office.

E. The decision from the CHRO and the Superintendent/President shall be final and shall not be grievable.

F. Regular rules of labor relations shall apply for implementation of the appeal decision.
Hartnell Community College District
Employee Request for Reconsideration of Classification Decision
Date: ____________________

Name: _______________________________________________________

Current Job Classification: _______________________________________

Date my reclassification request was accepted/denied (circle one): ______________________________

A. During the classification study/reclassification request process I:
   Yes   No
   ___   ___ Had an opportunity to describe my job duties, functions, and responsibilities
   ___   ___ Provided the committee with the statement of my immediate supervisor
   ___   ___ Had an opportunity to speak to the committee to clarify my request

B. I am appealing the denial of my request or the level of reclassification made because I believe that the Classification Review Committee’s decision failed to properly take into account (check only those that apply):
   ___ How different my essential job duties are from the duties listed in my job description
   ___ How different my additional job duties are from the duties listed in my job description
   ___ The increased responsibility I have compared to what I used to have
   ___ The increased level of authority I have to make decisions for the college, compared to before
   ___ How important my job is compared to other jobs on campus
   ___ How much autonomy I have to do my job
   ___ How extensive my supervisory or direction-giving role is
   ___ How much the education, training, and work experience requirements have increased to be able to perform my job, compared to before
   ___ How different the physical requirements of my job are, compared to what they used to be
   ___ Other __________________________________________________________

C. Factors supporting my belief are:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

(attach additional pages if necessary)
D. I believe that new information, which was not available at the time I made my request or the time that the committee made its decision, would have had an impact on the committee’s decision:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

E. Other reasons supporting my request for reconsideration:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

________________________________________  ______________________________
Employee Signature                          Date

- Provide a COPY of this completed form to your supervisor
- Please request your manager to complete and return to YOU the Immediate Supervisor Feedback Form (attached)

It is your responsibility to submit all appeal documents to HR within 14 calendar days from the date of the receipt of the Committee’s decision.
Hartnell Community College District
Immediate Supervisor Feedback to Employee Request for Reconsideration
Date: __________________________

Manager Name: __________________________________________ Title ______________________________

Employee Name: __________________________________________________________________________

Do you agree with the employee’s response to the classification recommendation? __________
If no, please indicate why, and/or add comments below:

__________________________________________________    _________________________________

Manager’s signature (immediate supervisor)  __________________________________________________________________________

Date

- Please return this completed and signed form to the requesting employee
- It is the employee’s responsibility to submit appeal documents to HR within 14 calendar days of receipt of the Committee recommendation decision

Appeal Document 2/ CSEA Classification Reconsideration Request, Supervisor