RECLASSIFICATION REQUEST PACKET
2012/2013 WINDOW

This packet contains instructions for completing employee-initiated reclassification requests for eligible employees represented by SEIU Local 521 and in accordance with section 20.1 – Reclassification of the current SEIU 521 Contract. Outlined below is a brief description of the contents of the Reclassification Request Packet.

If you would like to complete an electronic packet, you may download an electronic packet by visiting the County’s website at www.sccjobs.org and click on the Employee Classification link.

Section A  Outlines the reclassification request procedure for eligible employees represented by SEIU Local 521 or ACE Clerical.

Please note that employees represented by SEIU Local 521 – EHU, SSU and Supervisory units may not submit requests during this Reclassification Window.

Section B  Contains two receipts. One receipt is for the employee who is requesting a reclassification; the other is to remain with the reclassification packet. It is very important that both receipts are completed and that the employee retains one as proof of timely submittal.

Section C  Contains important deadline information and a listing of Service Centers.

Attachment 1  The Position Classification Questionnaire (PCQ) is to be completed by the employee requesting reclassification, the employee’s immediate supervisor and the Department/Agency Head or designee.

Attachment 2  Employee Checklist - this checklist is a guide for employees to ensure they have completed all the necessary steps prior to submitting their Reclassification Request Packet to their immediate supervisor for review, comments, and signature. SUBMIT BY 5:00PM, December 28, 2012.

Attachment 3  Immediate Supervisor Checklist - this checklist is a guide for immediate supervisors to ensure they have completed all the necessary steps prior to submitting the Reclassification Request Packet to their respective Department/Agency Head or designee for review, comments and signature.

Attachment 4  Department/Agency Head or their designee Checklist - this checklist is a guide for Department/Agency Heads to ensure they have completed all the necessary steps prior to submitting the Reclassification Request Packet to their respective Service Center. SUBMIT BY 5:00 PM, January 18, 2013. (Service Centers submit to ESA – Human Resources by January 22, 2013.)
SECTION A

I. SEIU Local 521 & ACE Clerical Reclassification Request - Employee Instructions

Prior to submitting your Reclassification Request Packet to your immediate Supervisor review the following:

A. You have been in the position performing the higher level duties for a period of time equivalent to the probationary period by March 31, 2013. Per Merit System Rule A25-103(d), if a position is reclassified to a supervisory unit, the incumbent must complete a period of service in the position and have performed the higher level duties for a period of time equivalent to one year.

B. You should not be receiving Work Out of Class (WOOC) for duties used as a basis for the Reclassification Request.

C. Your current job description and the job description for the classification you are requesting, if one exists: (Copies can be downloaded from the Human Resources website: www.sccjobs.org.)

1) If you believe your current job specification does not cover the duties you are performing, submit the following information to your Immediate Supervisor no later than December 28, 2012.

   i. A completed Reclassification Study Request Packet
   ii. A completed County employment application (go to www.sccjobs.org. The application will be available on the Reclassification Window webpage.)
   iii. A copy of your current job description
   iv. A copy of the job description of the classification you are requesting, if one exists.

SEE EMPLOYEE CHECKLIST – ATTACHMENT 2

II. Immediate Supervisor Instructions - Upon receipt of the completed PCQ:

   A. Complete both receipts.

   B. Give one receipt to employee (Section C), retain other with packet.

   C. Complete section for the Immediate Supervisor.

   D. Submit to the Agency/Department Head or Designee with the following:

      1. Section A of the Reclassification Request Packet, the PCQ with attachments, (i.e. job descriptions, application, copy of receipt) and your statement.
      2. A current organizational chart (with incumbent’s position highlighted)

      SEE IMMEDIATE SUPERVISOR CHECKLIST – ATTACHMENT 3
III. **Department/Agency Head Instructions:**

A. Review packet
B. Complete Statement of Department/Agency Head or Designee and attach additional information as required.
C. Sign and submit to your respective Service Center no later than 5:00 PM, January 18, 2013. (see Section C for a listing of Service Centers)

SEE DEPARTMENT/AGENCY HEAD CHECKLIST – ATTACHMENT 4

**NOTE:** Reclassification request and attachments must be submitted to the Service Center whether or not management supports the request.
# SECTION B

## RECEIPT OF POSITION CLASSIFICATION QUESTIONNAIRE (PCQ)

I, ______________________________________
Departmental Representative

acknowledge receipt of the Position Classification Questionnaire (PCQ) submitted by ___________________________________________________________________

Employee

On: _________________________________
Date

Signed: ______________________________
Departmental Representative

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## RECEIPT OF POSITION CLASSIFICATION QUESTIONNAIRE (PCQ)

I, ______________________________________
Departmental Representative

acknowledge receipt of the Position Classification Questionnaire (PCQ) submitted by ___________________________________________________________________

Employee

On: _________________________________
Date

Signed: ______________________________
Departmental Representative
SECTION C

Important Deadlines

- Employees have until 5:00 PM, December 28, 2012, to complete their reclassification requests and submit them to their immediate supervisor.

- Immediate Supervisors and Department/Agency Heads have from December 28, 2012, to January 18, 2013, to complete their responses to the employee’s reclassification request and submit to their respective Service Centers.

- Service Centers must submit all original Reclassification Request Packets to Employee Services Agency, Human Resources Department, 70 W. Hedding Street. East Wing, 8th Floor, Attention: Staci Bjerk by 5:00 PM, Tuesday, January 22, 2013.

<table>
<thead>
<tr>
<th>Service Center Listing</th>
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| **Child Support Services**  
2851 Junction Ave, 4th Floor  
Phone: 503-5318 | **Department of Correction**  
55 W. Younger Ave.  
Phone: 808-4610 | **District Attorney**  
70 W. Hedding St., West Wing  
Phone: 792-2686 |
| **ESA Employee Service Center**  
70 W. Hedding Street  
East Wing 8th Floor  
Phone: 299-5880 | **Facilities**  
2310 N. First St, 2nd Floor  
Phone: 993-4731 | **Health & Hospital System**  
2325 Enborg Lane  
Phone: 885-5450 |
| **Library**  
14600 Winchester Blvd.,  
Los Gatos  
Phone: 293-2326 | **Parks & Recreation**  
298 Garden Hill Drive  
Los Gatos  
Phone: 355-2214 | **Probation**  
2314 N. First Street, 2nd Floor  
Phone: 468-1650 |
| **Roads & Airports**  
101 Skyport Drive  
Phone: 573-2406 | **Sheriff’s Office**  
55 W. Younger Ave.  
Phone: 808-4610 | **Social Services Agency**  
333 Julian Street  
Phone: 491-6300 |
## 2012/2013 POSITION CLASSIFICATION QUESTIONNAIRE - PCQ

<table>
<thead>
<tr>
<th>Employee ID *</th>
<th>First Name</th>
<th>Last Name</th>
<th>Work Phone</th>
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<tr>
<th>Budget Unit *</th>
<th>Agency/Department</th>
<th>Division</th>
<th>Work Fax Number</th>
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<table>
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<tr>
<th>Work Address</th>
<th>Work Hours</th>
<th>E-Mail Address</th>
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<thead>
<tr>
<th>Job Code</th>
<th>Current Classification</th>
<th>Requested Classification</th>
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<thead>
<tr>
<th>Immediate Supervisor Name</th>
<th>Immediate Supervisor Title</th>
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<tr>
<th>Supervisor’s Phone</th>
<th>Supervisor’s E-Mail Address</th>
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* Budget Unit and Employee ID# are located at the top of your paycheck stub.
### IMPORTANT DATES

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>December 28, 2012</td>
<td>Deadline for employee to submit completed packet to immediate supervisor.</td>
</tr>
<tr>
<td>January 18, 2013</td>
<td>Deadline for Department/Agency to submit packets to Service Center.</td>
</tr>
<tr>
<td>January 22, 2013</td>
<td>Deadline for Service Centers to submit packets to ESA - Human Resources.</td>
</tr>
<tr>
<td>August, 2013</td>
<td>Tentative month for Appeal Hearings</td>
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</table>

1. **Describe the general purpose of your position in one sentence:**

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
2. Describe the work you do. Use your own words and make your description so clear that persons unfamiliar with your work can understand what you do. List your complete work assignments over a long enough period of time to picture your job as a whole. Show the time spent on different duties as percentages of your time in the right-hand column, (e.g., 75%). Use whatever method that will present a clear understanding of how you spend your working time. Include the most important tasks and tasks performed most often, first. It is helpful to group similar tasks related to one work function, describing them in concise terms.

Please limit your tasks to no more than 10.

<table>
<thead>
<tr>
<th>Task Performed</th>
<th>% of Time Spent on Task</th>
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TOTAL = 100%
3. Which of your duties do you believe are not described in your current classification and why do you believe your position should be reclassified?

<table>
<thead>
<tr>
<th>SUPERVISE</th>
<th>LEAD</th>
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List the names & class titles of employees you supervise or lead. If you do not supervise or lead employees, write “NONE”.

5. Are there office machines/equipment other than the standard machines such as copier, printer, fax, etc that you use regularly in your work? If so list the machines and how often you use them. Include any machines that you are responsible for maintaining.

6. List computer applications that you use on a regular basis in your work and how often you use them. (i.e. 1 hour per month, 6 hours per day, etc.)
7. What is the nature & extent of instructions you receive regarding your work? How detailed are these instructions? For example, you may have had instructions only when you were new on the job, or you may receive special instructions with each new task.

8. What is the nature & extent of the check or review of your work? For example, are there automatic checks by other offices, employees, supervisors or procedures that catch errors?

9. Describe your contacts with departments other than your own, with outside organizations and with the general public. Explain the nature and purpose of contacts you have with people other than co-workers. Is the purpose to obtain or give information, to persuade others, or to obtain cooperation?
10. What training and experience do you have that prepared you for this job?

CERTIFICATION: I certify that the above answers are my own and are accurate and complete:

Employee’s Signature: ___________________________ Date: ____________

Print and submit your Reclassification Request Packet to your immediate supervisor by 5:00 PM on December 28, 2012.
<table>
<thead>
<tr>
<th>Question</th>
<th>Space</th>
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<tbody>
<tr>
<td>1. Review the employee’s statements. Is it an accurate description of</td>
<td>Is it an accurate description of the position? Is any information</td>
</tr>
<tr>
<td>the position? Is any information overstated or understated? Is there</td>
<td>overstated or understated? Is there any information that is described</td>
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<td>any information that is described incorrectly?</td>
<td>incorrectly?</td>
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<tr>
<td>2. What do you consider the 3 or 4 most important/critical duties of</td>
<td></td>
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<td>this position?</td>
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<td>3. If you were recruiting for this position, what training, education,</td>
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<td>or experience would be required to perform this job? (Include</td>
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<td>specialized licenses and certifications needed.)</td>
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<td>4. List the knowledge, skills and abilities needed for successful</td>
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<td>performance of this position.</td>
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<td>5. List the name and the job classification of other employees, under</td>
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<td>your supervision, performing the same duties at the same level of</td>
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<td>difficulty/skill as the employee submitting this request.</td>
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<td>6. Has the employee received work out of classification (WOOC) pay,</td>
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<td>if so, when and for how long?</td>
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</table>

Immediate Supervisor’s
Signature: ______________________  Title: ______________________
Print name: ______________________  Date: ______________________
STATEMENT OF DEPARTMENT/AGENCY HEAD OR DESIGNEE

I have reviewed the PCQ and (check one):

☐ Duties described in PCQ accurately reflect the duties performed by this employee. OR
☐ Duties described in PCQ do not accurately reflect duties performed by this employee. Explain:

__________________________________________________________________________

(Check One):

☐ Employee is properly classified and a study is not warranted.

☐ Employee is not properly classified and a study is warranted.

☐ Other:

__________________________________________________________________________

If you believe a study is warranted please indicate below how it would fit into the Board Policy:

Study fits Board of Supervisor’s classification policy for the following reason:

☐ To recognize newly-assumed County responsibilities;

☐ To accurately reflect the work involved when there is no salary adjustment;

☐ To establish approved reorganizations or other Board directives or to comply with legal mandates due to legislative changes that impact the County’s current job description.

Attach explanation of how study fits the selected criteria.

Executive Manager
Signature: ___________________________ Title: ___________________________
Print name: __________________________ Date: ___________________________
Employee Checklist

☐ I have completed Section A of the Position Classification Questionnaire. If completed electronically, I have printed and signed the Position Classification Questionnaire.

☐ I have attached a copy of my current job description.

☐ I have attached a copy of the job description that I believe best describes the work I now perform.

☐ I have completed a County employment application.

☐ I have submitted all of these documents to my immediate supervisor by 5:00 p.m., December 28, 2012.

☐ I have retained the receipt from my immediate supervisor showing I submitted the Reclassification Request Packet by December 28, 2012.

☐ I have made a copy of my Reclassification Request Packet for my records.
Immediate Supervisor Checklist

☐ I have received the employee’s Reclassification Request Packet by 5:00 p.m., December 28, 2012, and have given the employee a receipt.

☐ I have attached a copy of an organizational chart indicating the employee’s position.

☐ I have reviewed the employee’s Position Classification Questionnaire and have completed the Confidential Statement of Immediate Supervisor.

☐ I understand my statement is confidential and is not to be shared.

☐ I have signed and submitted the Reclassification Request Packet to the Agency/Department Head for signature.

(Reminder: Be sure to allow enough time for Agency/Department Head to review and submit the Reclassification Request Packet prior to the deadline of January 18, 2013.)
Department/Agency Head Checklist

☐ I have reviewed the employee’s Position Classification Questionnaire and the immediate supervisor’s comments.

☐ I have completed and signed the Statement of Department/Agency Head or Designee. I have attached any required additional information.

☐ I have forwarded the original completed Classification Study Request Packet to my Service Center by January 18, 2013.