



**City of Vernon, California
Human Resources Policies and Procedures**

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Director of Human Resources
[Signature]
City Administrator

Number: II-2 Effective Date: 09/17/2013

SUBJECT: RECLASSIFICATION

PURPOSE:

To describe reclassification and its effect on salary level, performance/merit review date, and employee status.

DEFINITION:

Reclassification is the reallocation of a position in one class to a different class as a result of a significant change in the duties, responsibilities and/or qualification requirements of the position.

POLICY:

It is the responsibility of department heads and immediate supervisors to ensure that employees perform work duties and responsibilities within the framework of the employee's assigned classification as described in the established classification specifications.

The necessity of changing an employee's assigned job classification, modifying the content of a job description, updating salary ranges or other elements of the classification will arise due to the assumption of new City services, the expansion or contraction of existing services, substantial change in job duties, and changes in the salary levels for comparable positions in other similar cities and the local area. See Personnel Policy and Procedure Manual Policy II-1, Classification Plan, for expanded treatment of this subject and the classification plan maintenance.

A. Requesting a Classification Study

During the annual review process of the application and maintenance of the Classification Plan, requests for review of the classification of a position may be initiated by a department or an employee, and shall proceed through the departmental chain of command for approval.

1. The department or employee shall complete a Position Classification Study Request Form. The department head shall also prepare a preliminary evaluation and/or justification of the request for review and

forward the request within ten (10) working days of the study request form to the City Administrator with comments and recommendations.

2. Upon receipt of the approved study request from the City Administrator, the Human Resources Department will prioritize, schedule, and conduct appropriate classification study and prepare recommendations for City Administrator consideration. The Human Resources Department shall determine the appropriate method(s) and/or evaluation tools to be utilized in making an effective analysis and recommendation.
3. Any recommendations for reclassification action will be included by the department in their annual budget proposal. Following City Council approval, the Human Resources Department will prepare Personnel Action Forms to enact the approved classification actions.

The City Council will review the recommendations as part of the budget process each year, and the City Administrator may recommend other schedules or an evaluation if deemed necessary. Consideration shall be given for the recommendations based on competitive conditions, and the City's ability to pay.

Human Resources shall make appropriate recommendations concerning the reclassification request, after City Council approval, and shall implement the recommended action as soon as practical with final adjustments to the budget made at mid-year or fiscal year budget, reflecting the reclassification.

A reclassification, if granted, may result in a change of class title and class specification for a position by either moving the position to another existing class in the Classification Plan or to a new class specifically created for the position; or placement of the position in a salary range with a maximum salary rate that may be higher, lower or the same level as previously held.

B. Upward Reclassification - In any case where a position is reclassified to a class with a salary range having a higher maximum salary rate, and the incumbent meets the qualification requirement for the new class, and is in fact performing the full range of duties and responsibilities of that position, the effect of this action shall be as follows:

1. Effective Date - The effective date of a reclassification action shall normally coincide with the first working day of the first pay period following the date of City Council approval unless a different effective date is approved by the City Council.
2. Salary - The incumbent shall be entitled to the closest higher step within the new salary range that would provide a minimum of a 5% increase, not to exceed the maximum of the range.
3. Merit Increase Date - The incumbent's eligibility date for the next merit increase shall be set one year from the effective date of the

reclassification.

4. Employee Status/Review Date - A new probationary period is not required. The incumbent's date for the next performance review shall be set one year from the effective date of the reclassification.
5. Seniority Date – The incumbent's seniority date into the upward classification shall remain the same as the classification seniority date from which the employee is being reclassified from.

C. **Downward Reclassification** - In any case where a position is reclassified to a class with a salary range having a lower maximum salary rate, the effect of this action shall be as follows:

1. Effective Date - The effective date of a reclassification action shall normally coincide with the first working day of the first pay period following the date of City Council approval.
2. Salary - The incumbent shall either:
 - a) Retain current salary if current salary is the same as a step within the salary range of the new class; or
 - b) Be placed on the closest step within the salary range of the new class that approximates the current salary if the current salary is between steps within the new salary range; or
 - c) Be reduced to the maximum step of the salary range of the new class if current salary is greater than the maximum of the new salary range; or
 - d) Be assigned a "Y" rate designation that holds the incumbent at a current salary which is above the new range until such time as the salary rate of the new class is the same as or exceeds the amount of the "Y" rate. Establishment of a "Y" rate is an administrative determination and requires approval of the Human Resources Director, and City Administrator.
3. Merit Increase Date - There shall be no change in the incumbent's eligible merit increase date as a result of downward reclassification. If applicable, merit increases shall occur according to regular City policy.
4. Employee Status/Review Date - A new probationary period shall not be required in a downward reclassification. The incumbent's date for the next performance review shall be set one year from the effective date of the reclassification.
5. Seniority Date – The incumbent's seniority date into the downward classification shall remain the same as the classification seniority date

from which the employee is being reclassified from.

D. **Lateral Reclassification** - In any case where a position is reclassified to a class with a salary range having the same maximum salary rate, the effect of this action shall be as follows:

1. **Effective Date** - The effective date of a lateral reclassification action shall normally coincide with the first working day of the first pay period following the date of City Council approval.
2. **Salary** - There shall be no change in salary.
3. **Merit Increase Date** - If applicable, merit increases shall occur to the maximum of the salary range for the new class according to regular City policy.
4. **Employee Status/Review Date** - A new probationary period shall not be required in a lateral reclassification.

**PROCEDURE:
Responsibility**

- | | |
|----------------------------|---|
| Employee/Department | <ol style="list-style-type: none">1. Employee requests a review of the affected position(s) through the chain of command of the position(s).2. Completes a Classification Study Request Form. |
| Department Head | <ol style="list-style-type: none">3. Prepares a preliminary evaluation and/or justification of the reclassification request.4. Approves or denies reclassification study requests.5. Forwards the Classification Study Request form within ten working days from date of receipt to the City Administrator with comments and recommendations. |
| City Administrator | <ol style="list-style-type: none">6. Reviews and approves/denies reclassification study requests. |
| Human Resources Department | <ol style="list-style-type: none">7. Prioritizes, schedules and conducts approved reclassification studies and |

prepares recommendations.

- | | |
|----------------------------|---|
| City Administrator | 8. Notifies the City Administrator of recommendation for inclusion in department budget and for City Council approval. |
| | 9. Reviews and approves/denies reclassification study results. |
| | 10. Advises the department head of the disposition of the reclassification study. |
| City Council | 11. Approves or denies the creation of new or deletion of existing classes. |
| Human Resources/Department | 12. Prepares Personnel Action Form(s) to enact the recommendation affecting the incumbent(s) after City Council approval. |

Attachments:

1. Classification Study Request Form
2. Job Analysis Questionnaire



EMPLOYEE'S REQUEST FOR REVIEW OF POSITION CLASSIFICATION

This form is provided to assist you in communicating with us regarding the assignment of your position to a job classification in the City's position classification plan. If you are requesting a review of your position classification, we are asking you to provide us with several items of information to assist us with that review. We may also request an interview with you to obtain additional job content information.

NOTE: This request may only be initiated by the position's employee or department head. This review relates only to the authorized current duties and assignments of your position to a job classification.

Please forward this form to Human Resources by **January 31st**. Be sure to keep a copy for your records.

POSITION IDENTIFICATION

1. POSITION/JOB TITLE:
Suggested classification study: _____
Before classification study: _____
2. DEPARTMENT: _____
3. PRIMARY WORK LOCATION: _____
4. NAME OF INCUMBENT: _____
5. IMMEDIATE SUPERVISOR:
Position/Job Title: _____
Name of Supervisor: _____

NATURE OF REQUEST

6. Please tell us exactly what action you would like us to take regarding the classification of your position.

7. On what job content information, as stated in your Position Analysis Questionnaire (PAQ), do you base this request? Attach additional sheets if needed.

Incumbent's Signature: _____ Date: _____

(Continued on reverse side)



EMPLOYEE'S REQUEST FOR REVIEW OF POSITION CLASSIFICATION

IMMEDIATE SUPERVISOR'S STATEMENT

8. Do you agree with the employee's request? YES NO
Please provide your reasoning based on job content information, as stated in the employee's PAQ.

Signature: _____ Date: _____

DEPARTMENT HEAD'S STATEMENT

9. Do you agree with the employee's request? YES NO
Please provide your reasoning based on job content information, as stated in the employee's PAQ.

Signature: _____ Date: _____

HUMAN RESOURCES STATEMENT

10. Do you agree with the employee's request? YES NO
Please provide your reasoning based on job content information, as stated in the incumbent's PAQ.

Signature: _____ Date: _____

CITY ADMINISTRATOR'S RECOMMENDATION

11. No change in current classification of position Recommend reclassification to:

Signature: _____ Date: _____



POSITION ANALYSIS QUESTIONNAIRE

This form is designed to assist you in describing your position. You are asked to fill out this form because you know the duties and responsibilities of your position better than anyone else. If a question does not apply to your position, please write "Not Applicable" or "N/A" for that item. Please print or write your answers very legibly. Thank you for your cooperation.

NOTE: It is the *position* that is being studied, not the employee.

EMPLOYEE'S NAME: _____

EMPLOYEE'S JOB TITLE: _____

DEPARTMENT / DIVISION: _____

WORK PHONE OR EMAIL: _____

IMMEDIATE SUPERVISOR'S NAME & TITLE: _____

DEPARTMENT DIRECTOR'S NAME & TITLE: _____

A. POSITION'S PURPOSE: State briefly, in 3 to 5 sentences, the main purpose or function of your position. What do you believe is the major purpose of your job? This may be easier to complete after you have filled out Section B of this form.

NOTE: If your position requires the performance of two or more entirely different occupational assignments (such as Programmer / Finance Analyst), please answer Question A on both occupations. Add additional pages if required.

B. WORK ACTIVITIES LIST: THIS SECTION IS VERY IMPORTANT TO UNDERSTANDING YOUR JOB DUTIES. Please describe, in detail, the major elements of what you do on your job. List only the major functions, separately, in order of importance. Provide a detailed description of each duty so someone not familiar with your job can understand what you do. **We do not need to know HOW your department operates, but rather, WHAT it is YOU “do”.** Please use action words such as *prepares, calculates, operates,* etc. to start off each statement. Indicate the approximate percentage of total working time you spend on each major work activity. You may use any time period that is convenient, such as daily, weekly, monthly, or yearly but please indicate weekly, monthly, etc.

	% of Time	Function/Duty/Task
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

C. KNOWLEDGE, SKILLS AND INFORMATION SOURCES: This section helps us to understand the minimum levels and type of knowledge and skills needed to effectively perform the functions of this job.

What knowledge and skills are required to perform your job? *Examples: typing, supervisory skills, project management skills, etc.*

What information sources are required for you to do your job? *Examples: internet, manufacturer equipment manuals, building codes, repair manuals, etc.*

D. EDUCATION, TRAINING, AND EXPERIENCE

Please indicate **your educational level** and the **MINIMUM educational level** required for your job:

YOU HAVE:		YOU NEED:	
<input type="checkbox"/>	High School Diploma/GED	<input type="checkbox"/>	High School Diploma/GED
<input type="checkbox"/>	Associate's Degree (AA/AS); or 2 year technical certificate	<input type="checkbox"/>	Associate's Degree (AA/AS); or 2 year technical certificate
<input type="checkbox"/>	Bachelor's Degree (BA/BS)	<input type="checkbox"/>	Bachelor's Degree (BA/BS)
<input type="checkbox"/>	Graduate Degree (MS/MA)	<input type="checkbox"/>	Graduate Degree (MS/MA)
<input type="checkbox"/>	Post Graduate Degree (PhD)	<input type="checkbox"/>	Post Graduate Degree (PhD)
<input type="checkbox"/>	Other (please indicate):	<input type="checkbox"/>	Other (please indicate):

Please identify the field of study or coursework for the educational degree you indicated in the "You Need" section above. Include any vocational training or special training programs that would substitute for the above education/training. *Examples: AA/AS in Accounting, BA/BS in Journalism, automotive repair training program, HVAC training program, etc.*

Please indicate the number of years and type of prior job **experience** that is essential before an average person could perform your job successfully?

Example: 2 years of strategic planning work and 6 months supervisory experience.

E. REQUIRED LICENSES AND CERTIFICATIONS

Does your job **require** a license(s), certification, registration, or other regulatory requirements? (Examples: engineering certification or license; CDL; etc.) If yes, provide name/type/class/level of license/ certification/registration and the issuing agency.

License or Certification Name	Type/Class/Level
_____	_____
_____	_____
_____	_____

Were they required at the time for employment? **Yes** **No** If no, when were they required?

Within: _____ Weeks _____ Months _____ Years of employment?

F. EQUIPMENT, TOOLS AND MACHINERY:

What machinery, vehicles, or motorized equipment do you use in your work, and how often do you use each (rarely, frequently, constantly)?

G. PHYSICAL REQUIREMENTS: Are there any special or unusual physical skills or efforts required on your job (e.g., climb ladders, dig/work in trenches, handle extremely hot or cold materials, etc.)?

What approximate percentage of your total time on this job do you spend doing the following? (These may add up to more than 100%).

Standing _____ % Walking _____ % Sitting _____ % Driving _____ %
Listening _____ % Talking _____ % Other (give examples) _____ / _____ %

How much weight are you required to manually **lift** and/or **carry** at any one time: _____ Pounds
Is the lifting/carrying done regularly? Yes No How many hours per day? _____ Hours

H. EXTRAORDINARY WORKING CONDITIONS: What unusual and/or special working conditions affect or are part of your job? Answer all that apply and indicate whether regular or occasional.

1. Exposure to dangerous machinery (examples): _____ Regular Occasional
2. Exposure to extreme weather conditions (examples): _____ Regular Occasional
3. Potential physical harm (examples): _____ Regular Occasional
4. Hazardous chemicals (examples): _____ Regular Occasional
5. Infectious disease (examples): _____ Regular Occasional
6. Other (examples): _____ Regular Occasional

I. PROBLEM-SOLVING INSTRUCTIONS:

How do you receive your instructions? (Check/circle all that apply): Orally In Writing

How specific or general are these instructions? Please explain.

How are priorities and/or deadlines decided for your position?

What occasions are there (if any) when instructions are not provided?

At what stage, and by whom (job title) are your assignments normally reviewed?

How can you and your supervisor determine the quality of your work?

How often do you meet with your supervisor and for what purposes?

J. AUTHORITY / ACCOUNTABILITY

What kinds of actions, documents, plans or functions **require** your authorization?

What is the highest level of decision you are authorized to make **without** clearing it through your supervisor?

What work decisions **require** clearance from your supervisor? Please give examples.

What are the most difficult/important decisions you make? Describe the impact of these decisions on your immediate organizational unit, department, other employees, contractors, customers, vendors and other members of the public and/or the community.

K. INTERACTION WITH OTHERS: To do your job effectively, what people **within** your organization are you required to interact with, other than your immediate supervisor and department co-workers?

If you have direct contact with people **outside** the organization such as the public, other governmental agencies, vendors, suppliers, contractors, etc., please indicate the nature and purpose of these contacts.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Please Note: All signatures indicate the information provided on this PAQ is **accurate and complete**.

*Please print and sign this document. If you have supervisory responsibilities, complete and sign the next section. Return this entire PAQ to your supervisor by **January 15th**. Be sure to make a copy for your records.*

SUPERVISORY POSITION SUPPLEMENTAL QUESTIONNAIRE

(To be completed only by individuals who supervise other employees)

- L. SUPERVISION/SPAN OF CONTROL:** Please indicate the job titles and names of the employees who report **directly** to you, and not through a subordinate supervisor. Include temporary, part-time, and community service workers. Attach your department's organizational chart or sketch an organizational chart which depicts the reporting relationships in your department.

Please indicate the job titles, number of positions for each, that report to your direct subordinates.

- M. SUPERVISORY RESPONSIBILITIES:** Does your position have the authority to take any of the following actions? If not, does your supervisor rely **mainly** on your recommendation to make the decision?

RESPONSIBILITY	YES	NO	RECOMMEND ONLY	N/A
Hire employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promote employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare work schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign/review work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign/approve overtime/comp time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approve sick leave/vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recall employees to work in emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Award merit increases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspend employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminate employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE SIGNATURE: _____

Date: _____

Please Note: All signatures indicate the information is **accurate and complete**. Return to your supervisor **by January 15th**.

**DEPARTMENT MANAGER'S REVIEW FOR ACCURACY
AND COMPLETENESS**

DEPARTMENT MANAGER'S REVIEW FOR ACCURACY: I have reviewed and discussed the contents of this position description with the employee. Except for the items noted below, I find the PAQ accurate and complete. (Attach additional pages if necessary.)

DEPARTMENT MANAGER'S SIGNATURE: _____ Date: _____

Please Note: All signatures indicate the information is **accurate and complete**. Please forward this PAQ to Human Resources by **January 31st**. Be sure to keep a copy for your records.