



WASHOE COUNTY SCHOOL DISTRICT
Human Resources Division

RECLASSIFICATION REQUEST FORM

In order to analyze a position and determine if it is appropriately classified, please answer the questions below as completely as possible.

Also, please provide an organizational chart, indicating this employee's reporting relationships with others. If you have any questions, please don't hesitate to contact Human Resources.

Employee's Name: _____

Location: _____

Current Position: _____

Classification: Administrative/ProTech Certified Classified

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____

1. Briefly summarize the responsibilities of the position, including the people and programs supervised, if applicable. Please highlight the responsibilities you consider to be the most critical, and separately identify the responsibilities the employee in this position will spend the most overall time performing, and, if applicable, the funds over which the employee will exercise spending authority.

2. What actions or decision will the employee in this position make that are:

a. reviewed by his/her supervisor before they are finalized

b. reviewed by someone other than his/her supervisor before they are finalized

c. completed independently by the employee



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3. What job-specific knowledge will the employee in this position need to possess in order to perform the work?

4. What are the most complex issues or problems that the employee in this position will work with, and what makes them complex?

5. What are the consequences if a mistake is made by the employee in this position? Consider the impact in financial, legal, health and safety, and credibility terms.

6. With whom will the employee in this position have contact in his/her work? Is the purpose of this contact with each of these groups or individuals:
 - a. to inform
 - b. to gather information
 - c. to persuade
 - d. to make a decision
 - e. public relations

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Committee Review Date: _____

Committee Recommendation:

No Change

Classification New Classification: _____

Title New Title: _____

Range New Range: _____

Effective Date: _____