

## APPENDIX G

### CLASSIFICATION AND APPEAL GUIDELINES (Please reference Chapter XI)

The following information is provided to assist you completing a classification, reclassification or appeal request to the Administrative Classification Committee.

Each administrative position is evaluated based on the information provided to the Administrative Classification Committee on the Position Description Questionnaire and other supporting documents. Each position is evaluated on the following three criteria:

1. **Know-How:** Know-How is the sum total of every kind of skill however acquired, necessary for acceptable job performance. This sum total has three dimensions:

*Depth and Breadth* of specialized know-how ranging from basic knowledge of the most simple work routines to unique and authoritative knowledge within learned disciplines. A job may require some knowledge about a lot of things (diversity) or a lot of knowledge about a few things. Know-how has both scope (variety) and depth (thoroughness). The know-how is evaluated on a scale that ranges from “limited” (basic instructions and simple work routines to carry out manual tasks) to “specialized mastery” (gained through extensive experience and seasoning in a technical discipline or field requiring comprehensive understanding of scientific theory or in specialized area requiring a comprehensive understanding of a combination of involved practices, precedents, facts and condition or of complex business systems essential to providing administrative managerial perspective).

*Harmonizing and Integrating* the diversified functions involved in managerial situations. Managerial know-how involves integrating and harmonizing requirement of diverse functions in operating, support and administrative situations. It requires a combination of planning, organizing, controlling and reviewing along with direct and indirect execution.

*Human Relations Skills* consisting of active, practicing, person-to-person skills in the area of human relationships. Human relations skills are evaluated as “basic” (general effectiveness that is ordinary for everyday college interaction), “important” (alternative or combined skills in understanding, teaming with and/or influencing people) and “critical” (alternative or combined skills in developing, partnering with, persuading, motivating).

2. **Problem Solving:** Problem Solving is the original “self starting” thinking required by the job for analyzing, evaluating, creating, reasoning, arriving at, and making conclusions. Problem solving measures the intensity of the mental process which employs Know-how to identify, define and resolve a problem. Problem solving includes an evaluation of the following:

*Thinking Environment* which describes the degree of freedom permitted to the job to initiate the thinking process as a result of external and internal conditions. It considers the rules, instructions, practices, precedents, standards, principles, policies, goals and objectives that create the context in which a job is authorized to deal with unusual situations. Thinking environment can be rated from “strict routine” to “standardized” to “generally defined.”

*Thinking Challenge* describes the situational nature of mental effort required of the jobholder by the job to come to conclusions, make decisions, provide answers or discover new things. Thinking challenge can be identified as repetitive, patterned, interpolative or adaptive.

3. **Accountability**: Accountability is the answerability for actions and for their consequences. It is the measured effect of the job on end results. It has three dimensions:

*Freedom to Act* is the degree of control and guidance for work. This is a function of the organizational framework, the personal and policy direction and the processes and systems that are established in the organization. This is the most important dimension of Accountability. It reflects the opportunity for a job that is being done right to affect the results of an organization.

*Impact on End Results* is the principal nature of the job's influence on end results, which ranges from direct control to indirect support.

*Magnitude* is how much of the organization is affected by the job's basic purpose. The relationship may be measured in quantitative terms (such as annualized budget) or by other aspects of size. Impact and magnitude are considered together to address what kind of effect and on what part of the total organization the job has to the district.

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

**REQUEST FOR RECLASSIFICATION**

*\*Please review Chapter XI in the Administrators Handbook before beginning this process\**

I request the Foothill-De Anza Administrative Classification Committee review the classification of my position. I understand this review may or may not result in a change in the grade assignment either in an upward or downward allocation. I have prepared this review request based upon the duties and responsibilities of my position and reviewed these comments with my supervisor who has signed this form on the following page. I understand that the decision of the Administrative Classification Committee is final and a second request for review may not be submitted for twelve (12) months.

PLEASE TYPE OR PRINT LEGIBLY

Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Campus/Location: \_\_\_\_\_ Ext. \_\_\_\_\_

Classification: \_\_\_\_\_

Grade Assignment: \_\_\_\_\_ Years in current position: \_\_\_\_\_

Attachments: \_\_\_\_\_

REASONS FOR REVIEW REQUEST

1. Changes in knowledge requirement

2. Changes in problem solving requirements

3. Changes in accountability

4. If this position is reclassified, what other positions will be impacted by that decision?

5. Other factors I would like the Committee to consider

Employee's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

I have read the request for reclassification and find the description of duties and responsibilities to be an accurate description of the work.  Yes  No

Supervisor's Comments:

Supervisor's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

President's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Additional sheets may be attached if needed.*

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

**CLASSIFICATION REVIEW**

Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Campus/Location : \_\_\_\_\_ Ext. \_\_\_\_\_

Classification: \_\_\_\_\_

Grade Assignment: \_\_\_\_\_ Years in current position: \_\_\_\_\_

In accordance with Chapter XI of the Administrators Handbook, the Administrative Classification Committee is initiating a review of your position. The Committee needs to verify whether your position has changed due to :

- Deletion of or a significant decline in programs/services that affects the level of know-how, problem solving, and/or accountability of your position; or
- The transfer of duties and responsibility for programs and services to another position; or
- A reclassification of another position that impacts your position.

*\* Please review the attached position description questionnaire. Indicate changes to your position below and return this form to Human Resources. The position will be reviewed within 30 days of receipt of your response.*

I believe that my position has changed:  Yes  No  
(If yes, please answer the following questions; if no, please sign and return as noted above.)

1. Changes in knowledge requirement:

2. Changes in problem solving requirements:

3. Changes in accountability:

4. Other factors I would like the Committee to consider:

Employee's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

I have read the classification review and find the description of duties and responsibilities to be an accurate description of the work.  Yes  No

Supervisor's Comments:

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

President's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CLASSIFICATION REVIEW APPEAL**

**I request to appeal the Foothill-De Anza Administrative Classification Committee’s classification decision regarding my position. I understand this appeal may or may not result in a change in the grade assignment allocation. I have prepared this appeal request based upon the duties and responsibilities of my position and reviewed these comments with my supervisor who has signed this form on page two. I understand that the decision of the Administrative Classification Committee is final and a second appeal may not be submitted. However, I may request reclassification of my position twelve (12) months after the final decision of this appeal.**

PLEASE TYPE OR PRINT LEGIBLY

Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Campus/Location: \_\_\_\_\_ Ext. \_\_\_\_\_

Classification: \_\_\_\_\_

Grade Assignment: \_\_\_\_\_ Years in current position: \_\_\_\_\_

*\*Please provide additional or clarifying information to support this appeal request. Describe in detail, changes to your position below and return this form to Human Resources. The position will be reviewed within 30 days of receipt of your response.*

1. Appeal Rationale

2. Additional/Clarifying Information

a. Knowledge requirements:

b. Problem solving requirements:

c. Accountability:

3. Other factors I would like the Committee to consider

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

I have read the classification review appeal and find the description of duties and responsibilities to be an accurate description of the work.  Yes  No

Supervisor's Comments:

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

President's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Additional sheets may be attached if needed.*