

## Classified Staff Request for Off-Schedule Classification Review

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

Department: \_\_\_\_\_

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

### § 19.5.3 Procedure to Request an Off-Schedule Review

An off-schedule review can be initiated by the employee, the supervisor, or the area administrator, and must be signed by all three. The signatures are an acknowledgement that each is aware of the request. Opportunity to express agreement or disagreement with the request will be provided as part of the process. The request is made by submitting a Request for Off-Schedule Review to the Director of Human Resources, who will then share the request with the Vice President of Human Resources and the Classified Executive Council President. These individuals will then review the request and direct the CRC accordingly.

Please indicate which of the following triggering events qualifies you for an off-schedule review:

- ☐ Significant Technology Change
- ☐ Board-approved Department Reorganization
- ☐ Move to a New Facility or Location
- ☐ Significant Change to a Vacant Position
- ☐ Working Out of Classification for 12 Consecutive Months
- ☐ Change in Law or Policy

Attach a justification for this request (one page maximum).

Employee Signature/Date: \_\_\_\_\_

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

Supervisor Signature/Date: \_\_\_\_\_

- ☐ I support this request
- ☐ I do not support this request\*

Supervising Administrator Name: \_\_\_\_\_

Supervising Administrator Signature/Date: \_\_\_\_\_

- ☐ I support this request
- ☐ I do not support this request\*

\*Note that this does not preclude the review from occurring if the employee is eligible for review according to the terms listed above.