CORONA-NORCO UNIFIED SCHOOL DISTRICT

REQUEST FOR RECLASSIFICATION

EMPLOYEE NAME:		ID #:	
CUR	RRENT CLASSIFICATION:		
LOCATION:		CURRENT RANGE/STEP:	
HOURS OF ASSIGNMENT:			
	AIL ADDRESS:		
I.	List the duties you currently perform o classification:	n an on-going basis, which you believe to be <u>outside</u> your current	
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(Attach additional paper if necessary)

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[.	Describe how your responsibility and authority have chang <i>Section I</i> above?	ged as a result of the task(s)/duty(ies) identified	
7.	Describe how these additional task(s)/duty(ies) affect the qualifications (knowledge, abilities, education, experience, licenses and certifications) required to perform the task(s)/duty(ies) identified in <i>Section I</i> above:		
•	I am requesting a reclassification to	Range/Step	
mpl	oyee Signature	Date	
nme	ediate Supervisor		
	I concur with job duties listed by employee I disagree with job duties listed by employee	Supervisor Signature Date	
		Date	

Please return the form to Human Resources.