MARICOPA COMMUNITY COLLEGES

Position Analysis Request Form

Make a copy of this form before completing it. Please complete all fields.

Employee Name	Employee Job Classification	Employee Salary Grade
Employee ID	Supervisor Name	Supervisor Job Classification
College/District Office Division	Department	Date Form Submitted to Local HR

A reclassification review is warranted when an employee and/or the employee's supervisor believe that 70% or more of the employee's time is being spent performing the essential functions of a job classification different from the employee's current job classification. Both the employee and supervisor should review the job classification specification of the employee's current job and the job(s) to which the employee and/or supervisor believe the employee should be reclassified before responding to the following question. A reclassification request may only be submitted once every 12 months.

	Employee's Perspective	**Supervisor's Perspective**
Seventy percent (70%) or more of the employee's time is spent performing the essential functions of which job classification?		
Employee's Justification of Employee's Perspective		
☐ I affirm I am eligible to be reclassified and that I meet the minimum qualifications for the job to which I am seeking to be reclassified.		
Supervisor's Justification of Supervisor's Perspective		

The following documents are required to complete a reclassification review: this Position Analysis Request Form, a completed Position Analysis Questionnaire (PAQ), current and proposed organizational charts, and a current resume of the employee. Prior to submitting the reclassification request to Local HR, the supervisor must confirm that the reclassification review package is complete.

As the supervisor, I have confirmed that the following documents have been completed and are included with the reclassification review package.

- ☐ Position Analysis Request Form
- ☐ Position Analysis Questionnaire
- ☐ Current and proposed organizational charts
- ☐ Employee's current resume

Reclassification reviews are conducted twice annually. Reclassification requests submitted to Local HR between September and January are reviewed in the March/April review period. Reclassification requests submitted to Local HR between February and August are reviewed in the September/October review period.

As the supervisor, I affirm that this reclassification request is being submitted for the following review window:

- ☐ February/March
- ☐ September/October

I understand that possible outcomes of the reclassification review process are as shown in the table. Budget constraints may necessitate a change in duties rather than a reclassification.

Employee	Supervisor	Possible Outcome
☐	☐	Reclassification to the job I requested
☐	☐	Reclassification to a job different from the one I requested
☐	☐	A change in assigned duties to bring work back into the scope of the current job
☐	☐	An in-range progression in acknowledgement of a permanent change in higher level duties
☐	☐	No change if it is shown less than 70% of the employee's time is spent doing the essential functions of a different job

Vice President of Administrative Services/District Office Division Leader Financial Review

Is there funding available to cover the cost of any pay rate change resulting from this reclassification review?

- ☐ Yes
- ☐ No

VPAS/DO Division Leader Name: _____