

MURRIETA VALLEY UNIFIED SCHOOL DISTRICT**CSEA POSITION RECLASSIFICATION
APPEAL PROCESS PROCEDURES**

A reclassification appeal may be filed by an employee who was denied a reclassification request or whose request was approved by the Reclassification committee but modified to a lesser extent or level than originally requested.

The appeal must be received in Human Resources within 30 calendar days of the denial or modification notification of the original request.

One appeal per denial of reclassification request will be accepted; however, this does not waive any legal rights the employee may have through other contractual or legal rights.

The Reclassification Appeal Committee will review the information submitted by the unit member requesting an appeal, along with the Reclassification Committee's written findings on the original request. The Reclassification Appeal Committee may require or request additional information from the bargaining unit member.

This Reclassification Appeal Committee may or may not bring the unit member in for a meeting. In addition, the Reclassification Appeal Committee will use job descriptions and salary schedules from surrounding districts of similar demographics.

The Reclassification Appeal Committee must reach consensus in order to grant an appeal. The Reclassification Appeal Committee will make a recommendation to the Superintendent. With the Superintendent's concurrence, the recommendation will be placed on the Board of Education Agenda.

The Reclassification Appeal Committee will consist of three (3) CSEA representatives and three (3) District representatives. One (1) of the Reclassification Appeal Committee member from each party will have been a member of the Reclassification Committee and the other four (4) will be the President of CSEA and the Assistant Superintendent and/or their designees.

**MURRIETA VALLEY UNIFIED SCHOOL DISTRICT
CSEA POSITION RECLASSIFICATION APPEAL REQUEST FORM**

**ATTACH THIS FORM TO A COPY OF YOUR ORIGINAL REQUEST FOR
RECLASSIFICATION AND
RETURN TO HUMAN RESOURCES
WITHIN 30 DAYS OF DENIAL OR MODIFICATION NOTIFICATION**

Employee Name _____ Date _____

Phone: Home: _____ Cell: _____ Work: _____

Current Title/Position _____ Current Location/Dept. _____

Desired Position/Classification _____

Date Original Reclassification Request was submitted: _____ Date of Notification: _____

Reason for appeal: _____

Please attach additional pages with new factors, information and rationale to support your appeal, as needed.

Employee Signature _____ Date _____

AUTHORIZATION SIGNATURES - RECLASSIFICATION APPEALS PANEL

Approve: _____ Disapprove: _____ (please explain) _____

Date: _____ 1) _____ 2) _____

3) _____ 4) _____

ADMINISTRATIVE SIGNATURES

Approve _____ Disapprove _____ Date _____ Personnel Administrator _____

Approve _____ Disapprove _____ Date _____ Business Administrator _____

Approve _____ Disapprove _____ Date _____ Superintendent or designee _____