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**HUMAN RESOURCES & PAYROLL DEPARTMENT**

(559) 278-2032 - [www.csufresno.edu/hr](http://www.csufresno.edu/hr)

**CLASSIFICATION REVIEW REQUEST  
Reclassification/In-Class Progression**

This form is to request a classification review for staff employees (non-MPP). Fresno State strives to ensure that duties, responsibilities, and functions assigned to staff positions reflect the appropriate classification/skill level in accordance with the Classification and Qualification Standards issued by the CSU Trustees. Through the process of job analysis, positions are allocated to the appropriate classification based on job content. Therefore, job duty statements of a position must be clearly and accurately described before an analysis can be conducted.

**PART I – POSITION INFORMATION**

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

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

Employee ID: \_\_\_\_\_

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

Working Title: \_\_\_\_\_

Division: \_\_\_\_\_

Department/College: \_\_\_\_\_

**PART II - REQUEST**

The MPP designated manager/administrator is responsible for setting a position’s responsibilities and duties based on campus and/or departmental needs. An incumbent employee does not by virtue of experience, education, length of service, loyalty or seniority determine the classification. It is the position, not the employee which is classified. Administrators are responsible for determining the accuracy of the information before submitting the description for review.

**Request initiated by:**

**EMPLOYEE**

Please complete this form and route this request to the Appropriate Administrator (first level non-bargaining unit supervisor, e.g. MPP, Dept. Chair, etc.). Your Appropriate Administrator will review and provide you feedback regarding the information you submitted to ensure you are performing assigned tasks and duties that are within the scope of your position. Employees may submit the request to HR for review after a 30-day review with the manager.

**MANAGER**

**A management-initiated request requires completion of this form, organizational chart, and updated position description reflecting the changes to the position that support the rationale and/or justification.** If your employee has initiated this request, please review the information and provide feedback regarding assigned duties and responsibilities and update the position description as needed.

It is advisable to contact Human Resources to discuss the impact of planned changes in duties or assignments, especially in the case of a significant departmental or unit reorganization. Managers should be careful that requests for reclassification are not viewed as a "promise" to an employee regarding reclassification since that decision-making process has been delegated to Human Resources.

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**PART III – RATIONAL FOR PROPOSED CHANGES**

Provide a statement regarding the reasons for your request and include an updated position description. Detail the changes that have occurred in the assigned duties and responsibilities since this position was filled or since the position was last reviewed. Be specific. If responsibilities/duties have increased, which ones and in what way and did they replace other duties? What duties have been eliminated from this position since the last review?

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**PART IV - SIGNATURES**

My signature denotes that I have reviewed the duties, responsibilities, and functions outlined on the position description form. Any concerns regarding the employee performing work not assigned by the immediate supervisor/manager must be reviewed with the employee and/or Human Resources. The position description is intended to describe the general content and essential requirements for the position. It is not an exhaustive statement of duties.

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**Incumbent**

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**Date**

\_\_\_\_\_ Recommend \_\_\_\_\_ Do Not Recommend

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**Supervisor**

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**Date**

\_\_\_\_\_ Recommend \_\_\_\_\_ Do Not Recommend

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**Appropriate Administrator (if different from above)**

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**Date**

\_\_\_\_\_ Recommend \_\_\_\_\_ Do Not Recommend

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**Vice President**

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**Date**

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**NOTE:** It remains management's right to add or change assigned duties while ensuring that the timelines and provisions of the applicable Collective Bargaining Agreement(s) are followed. The appropriate administrator is responsible for ensuring the completion of the documents and forwarding to Human Resources in a timely manner.

- The request for a review can be submitted by management or employee, but employee-initiated classification review requests must be submitted to the employee's immediate supervisor (appropriate administrator) before being forwarded to Human Resources.
- Employees shall not submit a subsequent request prior to 12-months after completion of a previous classification review. Once requested, an employee request must be completed within 180 days from the date received by Human Resources. Human Resources will provide notification if additional time is needed.
- A compensation only change will be processed through an in-range progression (no change to classification or skill level).