

La Grande School District No. 1
REQUEST FOR RECLASSIFICATION

The purpose of this form is to request a review by the Classification Committee to determine if duties and responsibilities in another job classification better align with the duties and responsibilities performed by a classified staff member on a regular basis. Completing this request is not a guarantee of reclassification. The employee requesting reclassification is to follow the directions on this document and review with his or her administrator. If both agree, the request is to be forwarded to the Personnel Department. The Classification Committee will review the request and make a recommendation to the Superintendent to approve or deny the request. The Superintendent's decision is final.

Date: _____

Employee Name: _____

I am requesting reclassification from _____ (current job title)
to _____ (requested job title).

1. Print a copy of your current job description and the job description you feel your responsibilities more closely match. (Job descriptions can be found on the district website <http://do.lagrandesd.org/hr/job-descriptions>). Circle the duties you perform on a regular basis on each job description. Cross out duties you do not perform. Mark the other relevant sections on the job descriptions to indicate qualifications, specialized demands, physical demands etc. required to perform your job.

2. For the items circled, mark items on the Essential and Marginal/Secondary Duties as indicated below.

Mark with "C" if performed constantly,
"D" if performed daily,
"W" if performed weekly, and
"M" if performed monthly.

For duties not written on either job description, please specify below and include frequency as described above.

Additional Duties/Qualifications not indicated on job description(s):

*** Attach supporting documents or additional pages, as needed.

Please indicate what a typical day for you looks like:

Example:

7:30 – 8:00 – Check E-mail, talk to teacher regarding goals for the day for student “S”.

8:00 – 8:15 – Get student “S” off bus. Walk, pushing wheelchair, to classroom.

8:15 – 9:15 – Monitor student “S” in the classroom, providing academic assistance as needed. Assist other students in class when student “S” is on task.

9:15 – 9:30 – Break

9:30 (continue)

Start/Stop Times	Task

Paraeducators Only:

Please answer questions below with a “yes” or “no.” For all “yes” answers, indicate frequency as described above.

<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify frequency _____	1. Do I spend the majority of my work hours supporting a student who has a Behavior Support Plan that articulates the requirement for a staff member who has completed an Oregon approved intervention program due to a high potential for physical intervention?
<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify frequency _____	2. Do I spend the majority of my work hours supporting a student with IEP, 504 or medical protocol that articulates need for frequent exposure to bodily fluids (i.e. urine, feces, vomit, blood) due to toileting assistance, diapering, etc.?
<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify frequency _____	3. Do I spend the majority of my work hours supporting a student with IEP, 504, or medical protocol that articulates the need for invasive protocols requiring nurse-delegated training (i.e. g-tube feeding, injections, suppositories, other procedures)?
<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify frequency _____	4. Am I required, with training, to perform one or two-person lifting and transfers of students, lifting 50 pounds or more on a daily basis?

Signature of employee requesting reclassification

Date

Signature of administrator to indicate support of reclassification request

Date