

# MANAGEMENT PROCEDURE

PROCEDURE NO.
235
DATE
December 30, 1987
REVISION NO.
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## CLASS EVALUATION APPEALS PROCEDURE

### I. PURPOSE:

To establish guidelines for management employees appealing the evaluation and classification of their jobs.

### II. PERSONS AFFECTED:

All management employees.

### III. POLICY:

It is the policy of the District to establish an appeal system (utilizing the normal supervisory chain of command) to resolve issues concerning the evaluation and classification of jobs.

### IV. DEFINITIONS:

Position Evaluation Plan (P.E.P.): The quantitative system used to evaluate management employee positions for appropriate classification and salary grade assignment within the District's classification and pay structure.

Executive Staff Positions: For purposes of this procedure, Executive Staff positions are defined as employees at the Grade 14 level.

### V. RESPONSIBILITIES:

A. Appeals must be filed in writing including all supporting documentation necessary to expedite the process.

B. Supervisors and Department Managers are responsible for reviewing the employee's appeal and ensuring that complete and accurate information is provided.

- C. The Human Resources Manager is responsible for acknowledging the appeal, reviewing support documentation, re-evaluating the position and reporting the results in writing, along with recommendations for classification and/or salary grade assignments, to the Director of Administration.
- D. The Director of Administration is responsible for reviewing, approving or rejecting all classification and salary grade recommendations for positions below Executive Staff level.
- E. The General Manager is responsible for reviewing, approving or rejecting all classification and salary grade recommendations at the Executive Staff level excluding the following positions: (1) General Manager, (2) District Secretary and (3) Attorney for the District.

VI. PROCEDURES:

- A. An employee must file an appeal in writing to the Human Resources Manager. (A copy of the Classification Appeal and Salary Appeal forms is attached.) Before filing an appeal, the employee and supervisor should agree on the description of duties and responsibilities.
- B. The Supervisor and Department Manager are responsible for employee appeal content and must complete the appropriate section of the Appeal form.
- C. Once the appeal is received by the Human Resources Manager, he/she will:
  - 1. Review the appeal form and supporting documents to insure accuracy and completeness.
  - 2. Acknowledge receipt of the appeal, request additional information if needed, and inform the appellant and his/her Supervisor or Department Manager of the projected completion date for reviewing and resolving the appeal. Desk audits, if necessary, will be built into the review process. (Salary grade appeals will be considered during the annual salary survey review conducted each spring. All salary grade changes will become effective the following fiscal year).
  - 3. Prepare a summary of the findings and recommendations and discuss the results with both the appellant and his/her supervisor or Department Manager.
  - 4. Review the findings and recommendations with the Finance Department to determine the impact on the budget.
  - 5. Prepare an Executive Summary of the appeal for the Director of Administration which includes findings, conclusions and recommendations as well as a budget impact statement.

6. Notify the appellant and his/her Supervisor or Department Manager of the Director of Administration's decision.
  7. Retain the completed appeals package in the Human Resources Department for at least two years. No repeat appeals shall be acknowledged for at least one year from the date of original action.
- D. The Director of Administration will review the appeals and approve or reject the Human Resources Manager's recommendation for all jobs below the Executive Staff level.

Additionally, the Director of Administration will provide recommendations to the General Manager to address and resolve appeals for Executive Staff level positions.

- E. The General Manager will review appeals received from the Director of Administration for all Executive Staff level positions and approve or reject the recommendations.

**VII. TIME FRAME FOR CLASSIFICATION APPEALS PROCESS:**

Under normal circumstances, the entire appeal process should take approximately six months to complete after receipt by the Human Resources Manager.

**VII. ATTACHMENTS:**

- A. Classification Appeal Form
- B. Salary Grade Appeal Form

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**CLASSIFICATION APPEAL**

1. **NAME:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

2. **PRESENT TITLE:** \_\_\_\_\_

3. **REQUESTED TITLE:** \_\_\_\_\_

4. **PLEASE LIST YOUR PRESENT DUTIES AND RESPONSIBILITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **REQUESTED REMEDY (WHAT CLASSIFICATION DO YOU BELIEVE TO BE MORE APPROPRIATE?):** \_\_\_\_\_

\_\_\_\_\_

6. **WHY IS THE REQUESTED CLASS MORE APPROPRIATE?:** \_\_\_\_\_

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\_\_\_\_\_

7. OTHER COMMENTS TO SUPPORT YOUR APPEAL: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Appellant's Signature)

\_\_\_\_\_  
(Date)

8. SUPERVISOR AND/OR DEPARTMENT MANAGER'S COMMENTS: (PLEASE PROVIDE ANY ADDITIONAL INFORMATION ON THE APPELLANT'S DUTIES AND RESPONSIBILITIES TO INCLUDE, IF APPLICABLE, A COMPLETE ANALYSIS AND JUSTIFICATION OF ANY POINTS ON WHICH YOU DISAGREE.)

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\_\_\_\_\_  
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\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Department Manager's Signature)

\_\_\_\_\_  
(Date)

SALARY GRADE APPEAL

1. NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

2. PRESENT TITLE: \_\_\_\_\_

3. PRESENT SALARY GRADE: \_\_\_\_\_

4. REQUESTED SALARY GRADE: \_\_\_\_\_

5. WHY DO YOU BELIEVE THE PRESENT SALARY GRADE IS NOT CORRECT?:

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6. REQUESTED REMEDY (WHAT SALARY GRADE DO YOU BELIEVE PROPER FOR THE CLASSIFICATION ALLOCATED TO YOU?): \_\_\_\_\_

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7. WHY IS THE REQUESTED SALARY GRADE MORE APPROPRIATE?: \_\_\_\_\_

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8. OTHER COMMENTS TO SUPPORT YOUR APPEAL: \_\_\_\_\_  
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\_\_\_\_\_  
(Appellant's Signature)

\_\_\_\_\_  
(Date)

9. SUPERVISOR AND/OR DEPARTMENT MANAGER'S COMMENTS: \_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Department Manager's Signature)

\_\_\_\_\_  
(Date)