



**SANTA CLARA COUNTY OFFICE OF EDUCATION
ALTERNATE CLASS SERIES REASSIGNMENT REQUEST**

Classified Personnel Services • Office of the Personnel Commission

1290 Ridder Park Drive, MC 265 • San Jose, CA 95131 • 408.453.6845 • FAX 408.453.6785

Instructions to Employee's Supervisor: To recommend the reassignment of an employee (hired in an alternately staffed classification), complete this form ("Alternate Class Reassignment Recommendation"). Attach the form to a "Authorization for Employment" and submit both to Classified Personnel Services for consideration. Allow 10 business days for a response.

SECTION I: GENERAL INFORMATION

Employee Name: _____ Position Control #: _____
 Address: _____ Social Security #: _____
 Department: _____ Site/Work Unit: _____
 Supervisor: _____ Telephone #: _____
 Department Head: _____ Telephone #: _____

SECTION II: ALTERNATE JOB CLASS SERIES INFORMATION (Check the Employee's Class Series)

<input type="checkbox"/> Accountant I/II	<input type="checkbox"/> Computer Terminal Operator I/II	<input type="checkbox"/> Network Technician/Analyst
<input type="checkbox"/> Accounting Tech/Sr. Accounting Tech.	<input type="checkbox"/> Dental Claims Assistant/Examiner	<input type="checkbox"/> Office Assistant I/II
<input type="checkbox"/> Administrative Assistant I/II	<input type="checkbox"/> Eligibility/Enroll Tech/Specialist	<input type="checkbox"/> Payroll/Retire Deduct. Specialist I/II
<input type="checkbox"/> Applications Support Technician/Specialist	<input type="checkbox"/> Family Services Specialist I/II	<input type="checkbox"/> Purchasing Technician I/II
<input type="checkbox"/> Central Office Receptionist I/II	<input type="checkbox"/> Maintenance Worker I/II	<input type="checkbox"/> Research Analyst I/II
<input type="checkbox"/> Computer Operation/System Tech/Specialist	<input type="checkbox"/> Media Clerk I/II	<input type="checkbox"/> Staff Receptionist I/II

a. Employee's date of hire in the (above) class/position: _____

SECTION III: SUPERVISORS' REQUEST TO CLASSIFIED PERSONNEL SERVICES

I/We recommend the class reassignment of the employee (named above) and, therefore; respectfully request Classified Personnel Services assess this employee's qualifications for reassignment in the next higher (alternate) classification.

Supervisor's Signature _____
Date

Department Head's Signature _____
Date

SECTION IV: CLASS REASSIGNMENT PROCEDURE - See Job Description (For Classified Personnel Use Only)

<input type="checkbox"/> Incumbency Length:	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible Until: _____
<input type="checkbox"/> Position Audit/Review:	<input type="checkbox"/> Qualified	<input type="checkbox"/> Disqualified
<input type="checkbox"/> Examination(s):	<input type="checkbox"/> Pass	<input type="checkbox"/> No Pass
<input type="checkbox"/> Certificate/Transcripts:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected

Philip J. Gordillo, Director of Classified Personnel Services _____
Date