


CITY OF CATHEDRAL CITY ADMINISTRATIVE POLICY			HR-AP -22
TOPIC	Reclassification Policy and Procedures		
 Approved by: Charles McClendon (Feb 11, 2025 10:41 PST) Charles McClendon, City Manager	Distributed by	Original Date	Revised
	Human Resources	01/06/2025	02/11/2025

Supplemental Policy to Personnel Rules Section 302.2 Reclassification

PURPOSE

This Reclassification Policy aims to establish a transparent, fair, and consistent process for evaluating and implementing changes to employee classifications when their job responsibilities and duties have significantly evolved. This policy ensures alignment with organizational needs, compliance with legal requirements, and equity across job classifications.

POLICY

This policy applies to all regular full-time non-safety positions within the City of Cathedral City, excluding elected officials and temporary positions. For the purposes of this policy, safety positions include sworn police and fire personnel.

DEFINITIONS

- **Reclassification:** A change in a position's classification based on significant and permanent changes in job duties, responsibilities, or organizational requirements.
- **Classification:** A defined grouping of positions with similar duties, responsibilities, and qualifications.
- **Job Audit:** A detailed review of the job duties and responsibilities associated with a position, typically conducted through interviews, questionnaires, or job descriptions.

ELIGIBILITY CRITERIA

- The position must have experienced substantial changes in duties and responsibilities
- Changes must be permanent and not temporary assignments
- Minimum 12 months in the current classification
- Changes must not result from normal job growth
- Position must not have been reviewed in the past 24 months

PROCEDURE

1. Request for Reclassification

- A request for reclassification may be initiated by the employee, supervisor, or department head.
- Requests must be submitted in writing to the Human Resources (HR) Department using the Reclassification Request Form – Exhibit “A.”
- The request must include:

- Current job description.
- Updated job description reflecting changes.
- A summary of the significant changes in duties and responsibilities.
- Any supporting documentation (e.g., performance reviews, organizational charts).

2. Job Audit and Evaluation

- HR will conduct a job audit to verify the changes in job duties and responsibilities. This may include:
 - Interviews with the employee and their supervisor.
 - A review of the current and proposed job descriptions.
 - Analysis of similar roles within the organization.
- HR will evaluate the position using established job classification standards and benchmarks.

3. Recommendation and Approval

- Based on the job audit, HR will prepare a recommendation to:
 - Approve the reclassification.
 - Deny the reclassification.
 - Recommend alternative solutions (e.g., training, restructuring).
- The recommendation will be reviewed by the department head and, if applicable, senior leadership.
- Final approval will rest with the City Manager or equivalent authority.

4. Notification

- HR will notify the employee and their supervisor of the decision in writing.
- If approved, HR will provide a timeline for implementing the reclassification, including any changes to pay, title, or benefits.

5. Implementation

- Approved reclassifications will take effect on the start of the next payroll period following final approval, unless otherwise specified.
- HR will update relevant records, including the job description, organizational charts, and payroll system.

Appeals Employees may appeal a denied reclassification request by submitting a written appeal to the HR Director within 10 business days of receiving the decision. The appeal must outline the reasons for reconsideration and provide any additional supporting documentation.

Compliance All reclassification decisions must comply with applicable labor laws, organizational policies, and budgetary constraints. Reclassification does not guarantee a pay increase unless supported by the updated classification's salary range.

Review and Amendments This policy will be reviewed by the HR Department and updated as necessary to ensure alignment with organizational goals and compliance with legal standards.

EXHIBIT "A"
Reclassification Request Form

Instructions: Please complete this form in its entirety to request a reclassification of a position. **Incomplete or missing information may result in delay.** Submit the completed form and any required supporting documents to the Human Resources Department. This form aligns with the reclassification procedure outlined in the policy.

Section 1 – Requestor Information		
Date of Request:	Requestor Name:	Requestor Job Title:
Relationship to Position (e.g., Employee, Supervisor, Department Head): →		

Section 2 – Position Information		
Current Job Title:	Proposed Job Title (if applicable):	Date Position Last Reviewed or Reclassified (if known):

Section 3 – Justification for Reclassification

Describe the significant changes in duties, responsibilities, or qualifications that have occurred in this position:

Are these changes permanent and ongoing?

What specific organizational or operational needs led to these changes?

How do these changes align with the goals or needs of the department/organization?

Section 4 – Supporting Documents

Attach the following required documents:

- Current job description
- Updated job description reflecting the changes
- Any additional supporting materials (e.g., performance reviews, organizational charts, etc.)

Section 5 – Review and Acknowledgements

Employee Acknowledgment

I certify that the information provided in this request is accurate and reflects the current duties and responsibilities of my position.

Employee Signature: _____ Date: _____

Supervisor Review

I have reviewed this reclassification request and provide the following comments or additional justification:

Budget Impact

Budget Available: [] Yes [] No (If no, explain): _____

Supervisor Signature: _____ Date: _____

Human Resources Review

HR Use Only:

- **Date Received:** _____
- **Job Audit Conducted:** Yes No (If no, explain): _____
- **Recommendation:** Approve Deny Alternative Solution: _____

Comments:

HR Reviewer Name: _____

Signature: _____ Date: _____

Final Decision

City Manager/Authorized Representative Decision: Approve Deny

Comments:

Signature: _____ Date: _____






HR- AP-22 Personnel Rules Section 302.2 Reclassification - Supplemental Policy (Rev. 02.11.2025)

Final Audit Report

2025-02-11

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