



San Diego Community College District

City College · Mesa College · Miramar College · College of Continuing Education

SUPERVISORY & PROFESSIONAL ADMINISTRATORS ASSOCIATION (SPAA) RANGE REALLOCATION REQUEST

1. Employee Details

Name:

Employee ID:

Employee Email:

Current Classification Title:

Start Date of Current Position:

Department:

Site (College/CCE Site):

2. Position Questionnaire

A. Briefly summarize the primary purpose of this position (the how/what/why of this role).



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- B. Describe the organizational structure of this role, including the manager/supervisor over the position and any employee(s) who directly report to this role (if applicable).
- C. Identify any peers who you feel perform a similar role to your own. Describe their specific job functions and classification.
- D. How have the duties of this role changed or become more complex? What are the most complex duties you perform? Include changes in staffing, oversight, accountability, job requirements/training. For your interview, you may bring samples of your work, however external job classifications and salary survey information will not be accepted.



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4. Employee Signature

Employee Signature:

Date:

5. Manager and Supervisor Signatures and Comments

A. Immediate Supervisor/Manager Signature and Comments

Please indicate whether the information provided by the employee accurately reflects the responsibilities and duties assigned to this position.

Yes

No

Comments (Required if No selected above):

Supervisor/Manager Signature:

Date:



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B. Manager Signature and Comments

Please indicate whether the information provided by the employee accurately reflects the responsibilities and duties assigned to this position.

Yes

No

Comments (Required if No selected above):

Manager Signature:

Date:



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C. Vice President Signature and Comments

Please indicate whether the information provided by the employee accurately reflects the responsibilities and duties assigned to this position.

Yes

No

Comments (Required if No selected above):

Vice President Signature:

Date:



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D. President/Vice Chancellor Signature and Comments

Please indicate whether the information provided by the employee accurately reflects the responsibilities and duties assigned to this position.

Yes

No

Comments (Required if No selected above):

President/Vice Chancellor Signature:

Date: