

City of Gardena

Staff Reclassification Request

Attach classification specifications or proposed classification specifications

Use extra sheets as necessary

Fiscal Year : _____

Annual Fiscal Impact: _____

Department: _____

Current Title: _____

Proposed Title: _____

Division: _____

Program Percentage(s): _____

Current
Schedule: _____ Step: _____

Monthly Salary: _____ Bonus (Lgy, EIB) _____

Proposed
Schedule: _____ Step: _____

Monthly Salary: _____ Bonus (Lgy, EIB) _____

PERS %

(3.5 full-time miscellaneous, confidential and grants hired after 4-28-98)

(7.0 full-time general gov, confid & grants)

(7.0 management)

(9.0 police)

(3.25 part-time PERS or 3.75 PARS)

HEALTH INSURANCE _____
(5,752 full-time miscellaneous)
(5,708 grants full-time non-management)
(6,840 police)
(0 part-time no insurance)
 (Mgmt & confid enter **+G21** in Cell F16
 and **+G22** in Cell G16 for Proposed)

W / C

(grants only)

(clerical **1.23**)

(non-manual **3.84**)

(all others **12.86**)

(police officers **11.38**)

| | | | | | | | |
|-------------------|-----------------------------------|------------|-------------------|-------------------|-----------------|------------|-------------------------|
| | Current Yearly Salary | SUI | Retirement | Heath Ins. | Medicare | W/C | Total Salary |
| | | | | | | | |
| | Proposed Yearly Salary | SUI | Retirement | Heath Ins. | Medicare | W/C | Total Salary |
| | | | | | | | |
| Difference | | | | | | | |

Statement of Need for this Position and Proposed Duties:

Submitted By:

Title:

Date:

Personnel Officer Recommendation:

Approved By: _____

Title:

Date: