Request to Review Workload Distribution and Scope of Work (MCAAP/MCBOA)

Division of Human Resources and Talent Management
Rockville, Maryland
MONTGOMERY COUNTY PUBLIC SCHOOLS

PURPOSE

The purpose of this form is to request a review of whether a MCAAP unit member has been permanently assigned additional duties that would substantively change the scope of their current role. This process will be implemented, upon request of the employee, when the job duties must continue, and a position is abolished, a vacancy occurs, an employee retires or is on extended leave, or due to organizational restructuring.

SECTION I: EMPLOYEE INFORMATION

Employee Name _____ Employee ID#_____

Official Job Title_____

Working Job Title _____

Base Work Location _____

Immediate Supervisor's Name _____ Supervisor's Position Title_____

❑ I have met with the supervisor to discuss my concerns. *(Required before submitting this request)*

SECTION II: REQUEST AND JUSTIFICATION

CRITERIA: An eligible employee (defined in the purpose above) may submit this form if they believe that their workload has regularly exceeded forty hours per week and/or has exceeded the scope of work represented in the job description solely due and subsequent to one of the following (please check one):

❑ Abolishment of another position ❑ Vacancy(ies) ❑ Retirement of an employee
❑ Extended leave of an employee ❑ Reorganization/restructuring

WORKLOAD: Describe the reason you believe this position exceeds the workload of a 1.0 FTE position and/or exceeds the scope of work represented in the job description. Attach your most recent job description and provide specific evidence of your workload increase (e.g., data, time logs). Your response must include details that support your assertion. *Please note, job duties listed in the job description are not an exhaustive list and are intended to be examples of the level and scope of work. Temporary workload spikes and increases in workload due to factors other than those outlined above do not qualify for review.*

Employee Signature _____ Date of Request____/____/_____

SECTION III: ADMINISTRATIVE CONFERENCE & REVIEW—TO BE COMPLETED BY PRINCIPAL/SUPERVISOR

The employee must meet with their immediate supervisor prior to submitting a written request, and document that meeting below.

Date of Conference: ____/____/_____

Conference Format: ❑ In-Person ❑ Virtual ❑ Telephone

Conference Location:_____

Attendees: _____

❑ Summary of Conference Form Attached

Please attach Summary of Employee Conference Form 425-54 and any other related documents

Supervisor Signature _____ Title_____Date ____/____/_____

SECTION IV: DHRTM REVIEW—TO BE COMPLETED BY DHRTM DESIGNEE

Date Received:____/____/_____ Requestor Notified *(within five (5) duty days of receipt)*:____/____/_____ Initials____

Date Reviewed:____/____/_____ Reviewer _____

Conference Date:____/____/_____

- Evidence Submitted
- MCAAP Contacted, where appropriate
- Supervisor Contacted
- Review Conducted

SECTION V: DHRTM DISPOSITION

The review shall be completed within thirty (30) duty days of receipt of the request. Upon conclusion, members of the DHRTM team will provide a written determination to the unit member and their supervisor.

Review Completion Date:____/____/_____

Summary of Review Results: (Report Attached)

SECTION VI: FINAL ACTIONS

If it is determined that the duties assigned exceed the scope of work and/or workload of a 1.0 FTE position, MCPS will take appropriate action if necessary in accordance with GHA-RA, operating budget, and reclassification study process and timelines.

Action taken:

❑ Reallocation of duties
❑ Adjustment of staffing
❑ Consideration of a Reclassification Review
❑ Temporary additional compensation
❑ No further action required
❑ Other _____

DISTRIBUTION: COPY 1/Principal/Supervisor; COPY 2/Chief of DHRTM; COPY 3/ MCAAP President; COPY 4: Employee

PROCESS

This form should be sent to the Executive Director of DHRTM or the chief's designee, who will acknowledge receipt within five (5) duty days and initiate a review process in collaboration with the employee's supervisor and, where appropriate, MCAAP. Further information on this process is available in the Collaborative Bargaining Agreement for MCAAP Article 12 Productive and Professional Workforce, Sections (G) 5-7.

- This form may be used by MCAAP bargaining members.
- The requesting employee MUST meet with their immediate supervisor prior to submitting the form. The immediate supervisor MUST complete SECTION III of the form.
- The *Summary of Conference* form is part of a non-disciplinary protocol to reinforce or clarify expectations for employees or to document discussions and/or commendations that demonstrate a positive impact on the organization. This form is required as evidence of the conference.
- A review will be conducted, which may include:
  - » **Interview with incumbent and supervisor;**
  - » **Consideration of current job description;**
  - » **Consideration of evidence or documentation provided by the employee of workload increase supporting their request;**
  - » **Comparison of assigned duties against the approved position classification.**
- If the unit member is not satisfied with the disposition, they may file an appeal to the Chief of DHRTM in writing within five (5) duty days of receipt of the disposition. During the review process, the unit member may request a meeting to review the issues underlying the appeal. The Chief of DHRTM shall have ten (10) duty days to respond, in writing, to the unit member. Consistent with all relevant laws/regulations and the MCAAP Agreement, the decision of the Chief is final.