

Reclassification Request Form and Questionnaire

Date Submitted to HR _____

Current Information:

Incumbent Name _____ Open/Vacant Position _____

Position Title _____ Position# _____

Grade _____ FLSA Status _____ Division/Department _____

Supervisor Name _____ Title _____

Reclassification Questionnaire:

1. Proposed Position Title: _____

2. Position Changes

Summarize the major additions and subtractions of duties addressing the following areas:

- List the specific duties that have been added. Indicate if these duties were performed by anyone else in the past.
- Indicate when these duties were added on a permanent basis and how long they have been performed by this position.
- Describe how the level of complexity of the position has changed.

Responsibility, Decision Making Authority and Problem Solving

Describe the changes to problem solving and decision making authority by addressing the following areas:

- What common problems, issues, or situation does the incumbent face and how often?
- What tools are used to resolve problems or make decisions?
- What are one or two realistic potential impacts of a poor decision?
- Does the position now impact a broader audience? If so, who and in what way?
- Describe how the resource and budget responsibility has changed.

3. Qualifications

Describe any minimum qualifications (experience, skills, knowledge, certifications, and education) that have been changed as result of these changes.

- Confirm that the incumbent meets the minimum qualifications as outlined.

Note: HR will review and determine minimum qualifications to comply with applicable laws, regulations and internal consistency. HR's adjustments will likely not negatively impact a classification level determination.

