



REQUEST FOR CONSIDERATION OF POSITION RECLASSIFICATION

This form is designed to assist you in describing your position. Please fill out this form completely. If a question does not apply to your position, please write "N/A" for that item. Thank you for your cooperation.

Date Received by HR Analyst
Date Supervisory Comments Received
Date Reviewed by Reclassification Committee
Date Received by the Chancellor

SECTION 1

1. Name:

2. Department/Division:

3. Business Telephone Number:

4. Position's Classification Title:

5. How long have you been in this classification?

6. Name of Immediate Supervisor:

Title of Immediate Supervisor:

SECTION 2

POSITION'S PURPOSE: Please state briefly, in several sentences, the principal purpose or function of your position. *What* are you paid to accomplish in this position; *What* is its major objective, and *Why* does the position exist.

SECTION 3

WORK ACTIVITIES LIST: Please describe the major parts of what you do on your job. List only the major functions, separately, in order of importance. Provide a description of each of those duties. Indicate the approximate percentage of total working time you spend on each major work activity and the frequency such as daily (D), weekly (W), monthly (M), or annually (Y). Please indicate which duties are not currently part of your job description and the length of time you have been performing each of those duties.

	Duty	% of Time	Outside of Current Job Description	If outside of job description, how long performed
1				



REQUEST FOR CONSIDERATION OF POSITION RECLASSIFICATION

2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

If you need additional space, please attach separate sheet.

SECTION 4

EQUIPMENT, TOOLS AND MATERIALS: What machinery, vehicles, or motorized equipment do you use in your work, and how often do you use each (daily, weekly, etc.)?

	List of Equipment, Tools, and Materials	% of Time
1		
2		
3		
4		
5		
6		



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SECTION 5

PHYSICAL REQUIREMENTS:

Are there any special or unusual physical skills or effort required on your job?

Do you require any special accommodations to perform your job?

SECTION 6

PROBLEM-SOLVING INSTRUCTIONS:

How are instructions provided: Orally In Writing Computer E-mail

How specific or general are these instructions? Please explain.

How are priorities and/or deadlines decided for your position?

What occasions are there (if any) when instructions are not provided?

At what stage, and by whom (job title) are your assignments normally reviewed?

How can you and your supervisor determine the quality of your work?

How often do you meet with your supervisor, and for what purpose?

SECTION 7

TRAINING AND EXPERIENCE:

Please indicate the length and type of formal and/or on-the-job training that is essential before an average person could perform your job successfully?

Please indicate the number of years (or months) and type of prior job experience that is essential before an average person could perform your job successfully.

What license(s), certification, registration, or related regulatory requirements are there for your job?



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SECTION 8

AUTHORITY & ACCOUNTABILITY:

What kinds of actions, documents, plans, or functions **require** your authorization?

What kinds of significant decisions are you authorized to make **without** clearing them through your supervisor?

What work decisions **require** clearance from your supervisors? Please give examples.

What are the most difficult/important decisions you make? Describe their impact on your organizational unit, other employees, students, members of the public and/or the community.

SECTION 9

INTERACTION WITH OTHERS:

To do your job effectively, what people are you required to interact with, **other than** your immediate supervisor and co-workers?

Within your organization, please indicate the job titles and departments of the employees with whom you regularly work.

Outside of your organization, indicate the nature of your contacts with members of the community, students, other government agencies, vendors, contractors, etc.

SECTION 10

LANGUAGE REQUIREMENTS:

Does your job require that you converse in a language other than English? If so, please indicate what language(s), level of proficiency, how often, for what purpose.



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SECTION 11

CHANGES TO POSITION:

Duties Deleted. During the past two years, what duties have been removed from your position? Please explain.

Other Changes. List other changes that have taken place in your position, such as the level of supervision exercised or received, policy or procedural changes, new tools or equipment, new processes, etc.

Are there any positions in your agency or other agencies whose duties and responsibilities appear to be equal to your job?

How long have you performed the current duties assigned to your position?

I certify that I have read the instructions, that the entries made above are my own and to the best of my knowledge are accurate and complete.

SIGNATURE OF EMPLOYEE: _____

DATE: _____

OPTIONAL:

I would like to request for a personal interview with the Reclassification Committee.

YES NO



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IMMEDIATE SUPERVISOR'S STATEMENT

(To be completed by employee's immediate supervisor)

Please attach a copy of agency/division organizational chart with this questionnaire.

1. Is this a newly budgeted position? If so, please indicate the date of approval.
2. If new duties have been added, what are they, and which position(s)/class performed them previously?
3. If duties have been deleted, what are they, and to which position(s)/class have they been assigned?
4. Has the volume of work changed significantly? If yes, please explain.
5. Aside from the above, are there other reasons (not compensation) why the current classification is no longer appropriate for this position? Please explain.
6. What class do you recommend for this position?
7. Are the changes in the position's duties/responsibilities due to reorganization? If so, please describe.
8. Are there other positions whose duties and responsibilities appear to be equivalent?
9. What is the next lower and higher class in the normal career progression for this job?
Lower: _____ Higher: _____
10. What is the normal training period for new employees to reach full performance?
11. Please provide other relevant information (other than compensation factors) to justify or clarify the reason for requesting the reclassification/re-evaluation study of this position.

SUPERVISOR'S REVIEW FOR ACCURACY: I have reviewed and discussed the contents of this position description with the employee. Except for the items noted below, I find the questionnaire accurate and complete.

SIGNATURE OF IMMEDIATE SUPERVISOR: _____ **DATE:** _____

VICE PRESIDENT COMMENTS:

SIGNATURE OF VICE PRESIDENT: _____ **DATE:** _____

For HR Use Only

Job Audit interview scheduled for: _____ Reclassification Committee Approved Y N Date: _____



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Board Approval Date: _____ Effective Date: _____

SUPERVISORY POSITION SUPPLEMENTAL QUESTIONNAIRE

(To be completed only by individuals who supervise other employees)

SUPERVISION & SPAN OF CONTROL:

Please indicate the job titles and names of the employees who report **directly** to you, and not through a subordinate supervisor.

Please indicate the job titles, and number of positions for each, that report to your direct subordinates.

SUPERVISORY RESPONSIBILITIES: Does your position have the authority to take any of the following actions? If not, does your supervisor rely **mainly** on your recommendation to make the decision?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hire employees |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Promote employees |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Transfer employees |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prepare work schedule |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Assign/review work |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Train employees |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Assign/approve overtime |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Assign/approve comp time |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prepare performance appraisals |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Approve sick/vacation leave |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Recall employees to work in emergencies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Award pay increases |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Discipline employees |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Suspend employees |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Terminate employees |