



Reclassification Request Questionnaire

(See Board Policy 4213.31)

Name: _____ Position Title: _____

Division/Dept. _____ Supervisor: _____

SUBMIT THIS REQUEST QUESTIONNAIRE TO THE PERSONNEL OFFICE NO LATER THAN MARCH 1
ALL QUESTIONS MUST BE ANSWERED FOR FINAL CONSIDERATION OF THIS REQUEST

Attach additional sheets to answer any of the questions.

1. In your own words, describe your duties. List them in order of importance. Estimate the amount of your working time spent on each duty. Use percentages or number of hours or days. When a specific duty is only performed during a certain period in the year, please indicate. Check the appropriate column to indicate if each duty was "assigned" by your supervisor or job description at the time you started in this position (S) or if the duty was added at some later date (A); if added at a later date, indicate approximate date (month/year) duty was assigned. If you "assumed" this duty on your own and it was not specifically assigned by your supervisor, please indicate the approximate date (month/year) you assumed this duty.

ASSIGNED DUTIES		ASSUMED DUTIES	DUTIES: A duty is one major piece or part of your job and is an action you take or a responsibility you have. List duties in order of importance. Do not list duties you have not performed.	% OR AMOUNT OF TIME
(S) Start of Job	(A) added: Give Mo./Yr.	Mo./Yr. You Assumed Duty		
X			<p align="center">- EXAMPLES -</p> <p>I take dictation from Ms. Brown, including letters, memorandums, and drafts of speeches.</p> <p>I file purchase orders chronologically and by department and vendor.</p> <p>I go through the XYZ file and discard all expired 222 forms each year usually in October.</p>	<p>10% of total time</p> <p>2 hours</p> <p>2 days</p>

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			(Attach additional pages if needed)	

2. Why do you consider the first duty you listed as your most important duty? _____

3. (a) Which of your duties do you think requires the greatest special knowledge or skill? _____

(b) How did you acquire this knowledge or skill? _____

4. What personal contacts with employees outside your area of assignment, or with the public, are required by your job? What is the purpose of these contacts? _____

5. What special machines or special equipment are you required to operate as a normal part of your duties? _____

6. Do you decide how the work in your job will be done and in what priority different tasks will be done? Yes No
If yes, explain how you do this. _____

7. Explain how your immediate supervisor helps you, instructs you, and checks your work. _____

8. What kinds of decisions do you make without conferring with your immediate supervisor? _____

9. Do you directly supervise other employees? Yes No If yes, answer questions 10-20. If no, you do not need to answer questions 10-16, but ANSWER QUESTIONS 17 -20.
10. I directly supervise other employees: (Name and Title)

11. Do you assign the work to your subordinates? Yes No If so, how? _____

12. Do you determine the priority of tasks to be performed by your subordinates? Yes No
13. Do you participate in the selection of your subordinates? Yes No If yes, how? _____

14. Do you participate in the training of your subordinates? Yes No If yes, how?

15. Do you participate in the performance appraisal (evaluation) of your subordinates? Yes No
If yes how? _____

16. Do you follow up on areas of employee performance which requires improvement? Yes No
If yes, how? _____

17. (a) How long have you been employed in your present position? _____
(b) How long have your duties and responsibilities been substantially as you have described them here? _____

18. Have you ever formally requested that your position be studied for reclassification? Yes No
If yes, when? _____

19. What new classification (position title) are you proposing; if any? _____

20. Please list all the reasons you believe your position should be reclassified:

Signature of Employee: _____ Date: _____

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE FIRST LEVEL MANAGEMENT SUPERVISOR OF THE EMPLOYEE PREPARING THIS REQUEST. USE SEPARATE SHEETS TO ANSWER ANY OF THE QUESTIONS, IF NECESSARY.

21. Have you reviewed the job description and discussed this request with the employee? Yes No

22. Do you fully agree with all of the employee's statements above? Yes No
If no, please explain any exceptions. (Be specific) _____

23. (a) Considering only the duties and responsibilities of this position and disregarding the person presently in the position, do you feel that it is properly classified at present? Yes No

(b) If no, in what specific ways do you believe it is inconsistent with the job description and/or normal duties of other similar positions? _____

24. What do you think would be an appropriate title and/or range classification for the duties and responsibilities of this position? _____

Explain your rationale: _____

25. (a) For approximately how long has this position, in your opinion, been inappropriately classified? _____

(b) Who previously performed the duties which you believe justify reclassification of this position? _____

(c) Have you ever before requested that this position be studied for reclassification? Yes No
When? _____

26. Do you believe that this employee meets the qualification requirements of the requested reclassification? Yes No
(If no, please explain) _____

Signature of Management Supervisor: _____ Date: _____

TO SUPERVISOR: Please forward this reclassification request to your Director.

REVIEWED BY: (please sign)

Director: _____ Date: _____

Division Head: _____ Date: _____

Division Head, please check:

- After review of this request, I do not recommend a formal classification study be conducted at this time.
- After review of this request, I recommend a formal classification study be conducted.
- Other, please see attached comments.

NOTE: Please attach any comments and submit to the Division of Personnel Services no later than **March 1.**