

REQUEST FOR CLASSIFICATION STUDY

Position Title: _____ (current) Pay Level: _____ (current)

_____ (proposed) Pay Level: _____ (proposed)

Department and Division: _____

Supervisor's Title: _____

Employee in Position: _____ Date of Request: _____

1. List (briefly) duties that have been added to the position and who used to perform these. Use attached questionnaire to give detail. *Attach additional sheets if needed.*

2. List duties that have been deleted from the position and who performs these duties now. Use attached questionnaire to give detail. *Attach additional sheets if needed.*

Employee's Signature: _____ Date: _____

SUPERVISOR'S RECOMMENDATION

Date request was received: _____

The supervisor and employee must meet to discuss the request for reclassification within 15 working days of the supervisor's receipt of this request. Please use this space to provide additional information which would assist the Human Resource Office in evaluating this request.

Supervisor's Signature: _____ Date: _____

*Reviewing authority (if applicable): _____ Date: _____

*Must respond within 10 working days either approving or disapproving the duties.

3. Describe the types of regular contact the position requires both internally and externally, *i.e.*, none, other departments, students, parents. Indicate if this contact is: daily, weekly, monthly, annually.

4. Describe the position's responsibility for confidential information, *i.e.*, none, student, employee, administrative, financial. Indicate if this is: daily, weekly, monthly, annually.

5. Describe the position's responsibility for the handling of funds, *i.e.*, budgets, disbursement, collection. Indicate if this is: daily, weekly, monthly, annually.

6. Does the position coordinate or supervise others? _____ Yes _____ No

a. If yes, please identify the number of individuals for the various functions listed below:

| | <i>Secretary/ Clerical</i> | <i>Physical Plant/ Technical Services</i> | <i>Student</i> | <i>Temporary</i> |
|---|--------------------------------|---|----------------|------------------|
| Plan work to be done | | | | |
| Assign work | | | | |
| Check and approve work | | | | |
| Train employees to do their work | | | | |
| Respond verbally and/or in writing to concerns and complaints | | | | |
| Make hiring/firing recommendations | | | | |
| Recommend salary adjustments or starting salaries | | | | |
| Provide input on performance evaluations | | | | |
| Prepare and give performance evaluations | | | | |
| Make final decision on hiring/firing | | | | |
| Formally discipline employees | | | | |
| Approve absences or time off | | | | |

b. Any additional functions not listed above:

7. What types of physical demands does the position require. Indicate the frequency by checking the box below.

| | <i>> 1 hour per day</i> | <i>1-2 hours per day</i> | <i>2-4 hours per day</i> | <i>4-6 hours per day</i> | <i>6+ hours per day</i> |
|-----------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| Stooping | | | | | |
| Bending | | | | | |
| Sitting for long period of time | | | | | |
| Walking | | | | | |
| Standing for long periods of time | | | | | |
| Repetitive movement | | | | | |
| Working in confined areas | | | | | |
| Climbing | | | | | |
| Lifting (indicate pounds) | | | | | |
| Pushing (indicate pounds) | | | | | |
| Carrying (indicate pounds) | | | | | |
| Close vision (20 inches or less) | | | | | |
| Distance vision (20 feet or more) | | | | | |
| Color vision | | | | | |
| Depth perception | | | | | |

a. Any additional demands not listed above:

8. Please describe any additional considerations that should be addressed not covered by any of the above questions.

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____