



Office of Human Resources

CLASSIFIED BARGAINING UNIT EMPLOYEES (CSEA)

POSITION RECLASSIFICATION QUESTIONNAIRE

PART I

Please complete this questionnaire which is designed to assist the Reclassification Task Force in evaluating your request. As per Article 18.5.3 of the Agreement between the District and CSEA Chapter 251, any request for reclassification must be submitted to the Human Resources Department between November 1st and December 1st for consideration during the current fiscal year. **No questionnaires will be accepted after this date.**

Key Evaluation factors which must be evident to warrant a change in job classification:

- Change in complexity of the job functions within the current job description
- Increase in the responsibility level of the current position
- Change in the working conditions
- Change in the level of acquired knowledge (education) or skill level (experience) required to perform essential functions

Section A: General Information – Please Print

Name: _____ Date: _____

Current Position: _____

Department Location: _____ Telephone extension: _____

How long have you been in your current position? Years: _____ Months: _____

Monthly Salary: _____ Range: _____ Step: _____

Assigned work hours: _____

Please provide the name and position title of your supervisor who completes and signs your performance evaluation:

Telephone extension of immediate supervisor: _____

Section B: New and/or Additional Job Duties

A. Are you currently in an out-of-classification assignment: Yes No If Yes, please indicate the effective date: _____

Using your current job description, please use strike through (cross out) to indicate essential functions in your job description that you believe you are no longer performing.

List your new and/or additional job duties below. A new and/or additional job duty is a responsibility you have, an action you take, or a combination of several tasks you take in performing your job that is not listed on your current job description. An increase in the volume of work you currently perform and are duties already listed on your job description does not qualify you for a reclassification.

B. List your new and/or additional duties starting with those that you do most frequent and ending with those that you do least frequent. Do not worry about making the order precise. Use additional pages if necessary.

1. New and/or Additional Job Duty: _____
_____ Frequency: _____ How Long? _____

2. New and/or Additional Job Duty: _____
_____ Frequency: _____ How Long? _____

3. New and/or Additional Job Duty: _____
_____ Frequency: _____ How Long? _____

4. New and/or Additional Job Duty: _____
_____ Frequency: _____ How Long? _____

5. New and/or Additional Job Duty: _____
_____ Frequency: _____ How Long? _____

6. New and/or Additional Job Duty: _____
_____ Frequency: _____ How Long? _____

7. New and/or Additional Job Duty: _____
_____ Frequency: _____ How Long? _____

8. New and/or Additional Job Duty: _____
_____ Frequency: _____ How Long? _____

9. New and/or Additional Job Duty: _____
_____ Frequency: _____ How Long? _____

10. New and/or Additional Job Duty: _____
_____ Frequency: _____ How Long? _____

11. New and/or Additional Job Duty: _____
_____ Frequency: _____ How Long? _____

Section D: Supervision

1. Check the ONE category below which best describes the amount of supervision you RECEIVE on your job:

_____ IMMEDIATE SUPERVISION: You work in the presence of your supervisor or in a situation of close control and easy reference. Work assignments are given with explicit instructions or you have pre-established procedures to follow. You make a few, if any, deviations from established practice without checking with your supervisor.

_____ LIMITED SUPERVISION: Your assigned duties require the exercise of independent judgment or choice among possible actions, sometimes without clear precedents and often with an awareness for the consequences of the action. You may or may not work in the presence of your supervisor.

_____ MINIMAL SUPERVISION: You receive minimal instructions regarding the scope of the approach to projects or assignments, but the procedures and techniques to use are left to your discretion. This category is usually for technical and professional positions where employees operate with a reasonable degree of independence and a high degree of autonomy.

2. If possible, describe at least three (3) important or significant decisions you make FREQUENTLY and INDEPENDENTLY in the course of your job:

3. Please list the job title of each position with whom you have regular contact that you may direct or give guidance to as part of your job (include all classified personnel and student workers).

Section E: Self Assessment (summarize why you think your position should be reclassified)

Submitted By:

Print Name – Employee

Date: _____

Employee Signature

Please forward the completed original to the immediate supervisor and provide a copy to the attention of the director, human resources, within the timeline. Retain a copy for your records.



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PART II

Please submit the original of your reclassification questionnaire to your immediate supervisor for review and signature.

THE SUPERVISOR MUST COMPLETE AND SUBMIT PART II NO LATER THAN DECEMBER 16th.

_____ **Date:** _____
Print Name – Immediate Supervisor

Immediate Supervisor Signature

___ I agree completely with the employee's changes and/or comments.

___ I disagree with the employee's job analysis. See supervisor's comments.

Supervisor's Comments:

(Use additional paper if necessary)

The supervisor will forward the original of Part II to the attention of the director, human resources, and a copy to the employee no later than December 16th. Retain a copy for future reference.