

Classification and Reclassification Request Form

**Position Description Questionnaire**

It is necessary to obtain reliable information about the duties and responsibilities of job positions. The information provided should describe only the duties and responsibilities of the position and will be used to help determine the proper classification and salary of the position. The information will not be used to evaluate an employee’s work performance or qualifications.

Answer all questions completely. For creation of New Position, fill in as applicable. If the space provided is not sufficient, attach additional sheets as necessary. Be sure to identify the question on any attached sheets.

**PROCEDURE**

* Initiator must complete Sections A – C.
* Immediate Supervisor of the position completes Section D. This may be the Department director.
* Department director completes Section E and submits to the Human Resources Director with:
	+ Memo with high-level summary and budget impact of request. Memo template is Attachment A of the policy.
	+ Supporting financial documentation – proof of budget from the Finance Department or budget impact change recommendation.

**SECTION A - GENERAL INFORMATION**

|  |  |
| --- | --- |
| Full name  |  |
| Current classification title  |  |
| Department  |  |
| Work location  |  |
| Work phone number  |  |
| Days/hours of work  |  |
| How long have you held this position  |  |
| Name and title of immediate supervisor |  |
| Number of employees and titles supervised or for whom this position/you provide work direction |  |
| List any equipment regularly used by this position |  |
| Is a driver’s license needed for the position  | Yes [ ]  No [ ]  |
| Any other types of licenses needed for the positionIf yes, specify:  | Yes [ ]  No [ ]  |

**SECTION B - CLASS DESCRIPTION INFORMATION**

Using the current class description as a starting point, complete the following information:

|  |  |
| --- | --- |
| Is the title appropriate for the position | Yes [ ]  No [ ]  |
| If no, what is a more accurate title |  |
| What basic function does the position serve in assisting the department to fulfill its purpose; what is the major reason or purpose for the position |  |
| What are the three most critical or important duties which the position/you perform |  |
| Are the **qualifications** or **requirements** listed in the position description appropriate for the job as it is being performed/intended todayIf not, summarize missing qualifications. Remember, they must be clearly related to the job, not a listing of your own personal skills and knowledge.  | Yes [ ]  No [ ]  |
| What are the **three** most important qualifications for this position that you consider indispensable |  |
| In what ways has the job changed/evolved over the past one to two years? |  |

Below, describe in detail the positions/your essential regular duties, numbering each duty in a separate statement.

* Begin with those duties that you consider to be the most important.
* Start each duty with a verb, stating specifically what you do and how you do it.
* In the columns to the right, indicate the approximate percentage of time you spend performing each duty (total time should equal 100%) and how often they are performed. D = Daily, W = Weekly (at least once), M = Monthly (at least once), Y = Yearly. Attach additional sheets of paper as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Essential duties and responsibilities** | **% of time** | **How often performed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | TOTAL TIME - should equal 100% |  |  |

**SECTION C - CLASS STRUCTURE INFORMATION**

|  |  |
| --- | --- |
| Describe the supervision received from your immediate supervisor – include type and frequency.  |  |
| Describe the most difficult and/or major decisions you make in the course of your work. |  |
| In your opinion, what other position(s) in the organization, if any, is (are) most similar to yours?  |  |
| In your opinion, is your class description too broad and general or too narrow and specific? |  |

Below Describe this position/your regular contact with others and state the reason for the contact and the frequency. Use “C” for continuous, “F” for frequent, and “A” for “as needed.”

**Internal Contacts – What departments/positions does this position/you contact (if any) during the course of duties?**

|  |  |  |
| --- | --- | --- |
| **Organization/person** | **Reason for contact** | **How often?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Outside Contacts –What outside organizations does this position/you contact (if any) during the course of duties?**

|  |  |  |
| --- | --- | --- |
| **Organization/person** | **Reason for contact** | **How often?** |
|  |  |  |
|  |  |  |
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|  |  |  |

**What is the requested/recommended effective date of this change:** Click or tap to enter a date.

To align with budget cycle reviews, work with HR to use the Classification Reclass Submission Timeline Tool.

**I certify that the above answers are my own and accurate:**

**Signature/Date**

**SECTION D - IMMEDIATE SUPERVISOR’S COMMENTS**

|  |  |
| --- | --- |
| Please note any exceptions or additions to the questionnaire (reference the numbered item on the questionnaire). |  |
| What do you consider to be the three most critical or important duties of this position as it exists now? |  |
| Comment on your support or disagreement with any suggested classification or title change. |  |
| Other comments |  |

**SECTION E - DEPARTMENT DIRECTOR’S COMMENTS (If not reported in Section D)**

**Significant Job Actions Request** Items with an asterisk (\*) will require City Council approval. Please select the appropriate request:

[ ]  Creation of a new classification without budget/FTE impact

[ ]  Creation of a new classification with budget/FTE impact\*

[ ]  Increase/decrease in the job duties of a current position

[ ]  Reclassification without budget/FTE impact

[ ]  Reclassification with budget/FTE impact\*

[ ]  Present vacancy of position with out-of-date job description

[ ]  City-wide study

Please note any exceptions or additions to the statements of the employee or the immediate supervisor. If none, it is assumed that you agree with the information provided above.

|  |
| --- |
|  |

**I certify that the above answers are my own and accurate:**

**Signature/Date**

Submit this form in PDF to the Human Resources Director with:

* Memo, including high-level summary and budget impact of request (template attached to policy)
* Supporting financial documentation – proof of budget from the Finance Department or budget impact change recommendation.

**SECTION F – HUMAN RESOURCES APPROVAL/DENIAL**

|  |  |
| --- | --- |
| Current job classification/title |  |
| Current bargaining unit |  |
| Current salary steps as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) | Step AStep BStep CStep DStep E |
| Proposed job classification/title |  |
| Proposed bargaining unit |  |
| Proposed salary steps as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) | Step AStep BStep CStep DStep E |
| Reclassified position benchmarked against a current position. If yes which position? | Yes [ ]  No [ ]  |

Evaluation and recommendation by:

Signature - Human Resources Director Date

Evaluation and recommendation denial by:

Signature - Human Resources Director Date

**SECTION G – CITY MANAGER OFFICE APPROVAL/DENIAL**

[ ]  Approved – Signature:

[ ]  Denied – Signature:

Comments: