

## RECLASSIFICATION QUESTIONNAIRE

Please complete this questionnaire in order to request Human Resources review your position for reclassification and help us evaluate the changes in your job. Requests will be processed in the order questionnaires are received. When completing the form be sure to allow sufficient time for your immediate supervisor and cabinet level administrator to review and sign the request prior to the deadline. The completed questionnaire must be received by Human Resources by **Thursday, July 1<sup>st</sup>, 2021**.

### **Section A: General Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Title: \_\_\_\_\_

Immediate Supervisor Name and Title: \_\_\_\_\_

(Must be a **Management** employee)

How long have you been in your current position: Years/Months: \_\_\_\_\_

Work Location (e.g, AD 143): \_\_\_\_\_ Telephone Extension: \_\_\_\_\_

Scheduled Work Hours/FTE: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Range: \_\_\_\_\_ Step: \_\_\_\_\_

Are you receiving any stipends? Yes No If yes, please indicate:

Type of stipend(s): \_\_\_\_\_ Amount of stipend(s): \_\_\_\_\_

### **Section B: Job Overview**

Briefly state the OVERALL PURPOSE of your position.

**Section C: New and/or Additional Job Duties**

- A. List the job duties you perform that have undergone significant changes (re: level of responsibility, problem solving, authority for action, knowledge/skills, working conditions, or scope of impact). Increases to the volume of work corresponding to duties listed on your job description are **not** considered new and/or additional duties. You must have been performing these new and/or additional duties for at least 1 year to qualify for a reclassification. Use additional pages if necessary. All higher level work outside of your job description should be detailed in this section.
- B. Please attach any supporting documentation as evidence you have performed the new and/or additional job duties.
- C. For each duty, please indicate the frequency at which you perform the duty, as well as the average amount of time spent performing the duty (e.g., hours per day, week month, etc.). Please ensure the total time indicated for all duties does not exceed the amount of time you work.

D = Daily	M = Monthly	SA = Semi Annually (2 times/year)
W = Weekly	BM = Bi-Monthly (every 2 months)	A = Annually
BW = Bi-Weekly (every 2 weeks)	Q = Quarterly	

- D. **You must provide all of the information pertinent to your reclassification on this form and in the desk audit, which may involve any combination of a review of this questionnaire; email, phone, or in-person interview; and/or work sample. If your request for reclassification is denied and you decide to appeal the decision, additional information not already presented during the evaluation of your request cannot be presented during the appeal process.**

1. Description of additional, higher level duty:

When did you start performing this duty? \_\_\_\_\_ Frequency: \_\_\_\_\_

Average time spent on this duty \_\_\_\_\_ hours per day week month semester

other \_\_\_\_\_

<b>For Manager Use ONLY:</b>					
Were you aware the employee was performing this duty?	Yes	No	Have you assigned this work?	Yes	No
Reason for assigning the duty: _____					
Is the duty still being performed by the employee?	Yes	No	How long will the employee perform the duty?	End Date:	
_____	Average time spent on this duty _____	hours per	day	week	month semester
			other	_____	

2. Description of additional, higher level duty:

When did you start performing this duty? \_\_\_\_\_ Frequency: \_\_\_\_\_

Average time spent on this duty \_\_\_\_\_ hours per day week month semester

other \_\_\_\_\_

<b>For Manager Use ONLY:</b>					
Were you aware the employee was performing this duty?	Yes	No	Have you assigned this work?	Yes	No
Reason for assigning the duty: _____					
Is the duty still being performed by the employee?	Yes	No	How long will the employee perform the duty?	End Date:	
_____	Average time spent on this duty _____	hours per	day	week	month semester
			other	_____	

3. Description of additional, higher level duty:

When did you start performing this duty? \_\_\_\_\_ Frequency: \_\_\_\_\_

Average time spent on this duty \_\_\_\_\_ hours per day week month semester  
other \_\_\_\_\_

<b>For Manager Use ONLY:</b>							
Were you aware the employee was performing this duty?	Yes	No	Have you assigned this work?	Yes	No		
Reason for assigning the duty: _____							
Is the duty still being performed by the employee?	Yes	No	How long will the employee perform the duty?	End Date:			
_____	Average time spent on this duty	_____	hours per	day	week	month	semester
other _____							

4. Description of additional, higher level duty:

When did you start performing this duty? \_\_\_\_\_ Frequency: \_\_\_\_\_

Average time spent on this duty \_\_\_\_\_ hours per day week month semester  
other \_\_\_\_\_

<b>For Manager Use ONLY:</b>							
Were you aware the employee was performing this duty?	Yes	No	Have you assigned this work?	Yes	No		
Reason for assigning the duty: _____							
Is the duty still being performed by the employee?	Yes	No	How long will the employee perform the duty?	End Date:			
_____	Average time spent on this duty	_____	hours per	day	week	month	semester
other _____							

5. Description of additional, higher level duty:

When did you start performing this duty? \_\_\_\_\_ Frequency: \_\_\_\_\_

Average time spent on this duty \_\_\_\_\_ hours per day week month semester  
other \_\_\_\_\_

<b>For Manager Use ONLY:</b>							
Were you aware the employee was performing this duty?	Yes	No	Have you assigned this work?	Yes	No		
Reason for assigning the duty: _____							
Is the duty still being performed by the employee?	Yes	No	How long will the employee perform the duty?	End Date:			
_____	Average time spent on this duty	_____	hours per	day	week	month	semester
other _____							

6. Description of additional, higher level duty:

When did you start performing this duty? \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Average time spent on this duty \_\_\_\_\_ hours per day week month semester  
 other \_\_\_\_\_

<b>For Manager Use ONLY:</b>					
Were you aware the employee was performing this duty?	Yes	No	Have you assigned this work?	Yes	No
Reason for assigning the duty: _____					
Is the duty still being performed by the employee?	Yes	No	How long will the employee perform the duty?	End Date:	
_____	Average time spent on this duty _____	hours per	day	week	month semester
other _____					

7. Description of additional, higher level duty:

When did you start performing this duty? \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Average time spent on this duty \_\_\_\_\_ hours per day week month semester  
 other \_\_\_\_\_

<b>For Manager Use ONLY:</b>					
Were you aware the employee was performing this duty?	Yes	No	Have you assigned this work?	Yes	No
Reason for assigning the duty: _____					
Is the duty still being performed by the employee?	Yes	No	How long will the employee perform the duty?	End Date:	
_____	Average time spent on this duty _____	hours per	day	week	month semester
other _____					

8. Description of additional, higher level duty:

When did you start performing this duty? \_\_\_\_\_ Frequency: \_\_\_\_\_

Average time spent on this duty \_\_\_\_\_ hours per day week month semester  
other \_\_\_\_\_

<b>For Manager Use ONLY:</b>							
Were you aware the employee was performing this duty?	Yes	No	Have you assigned this work?	Yes	No		
Reason for assigning the duty: _____							
Is the duty still being performed by the employee?	Yes	No	How long will the employee perform the duty?	End Date:			
_____	Average time spent on this duty	_____	hours per	day	week	month	semester
other _____							

9. Description of additional, higher level duty:

When did you start performing this duty? \_\_\_\_\_ Frequency: \_\_\_\_\_

Average time spent on this duty \_\_\_\_\_ hours per day week month semester  
other \_\_\_\_\_

<b>For Manager Use ONLY:</b>							
Were you aware the employee was performing this duty?	Yes	No	Have you assigned this work?	Yes	No		
Reason for assigning the duty: _____							
Is the duty still being performed by the employee?	Yes	No	How long will the employee perform the duty?	End Date:			
_____	Average time spent on this duty	_____	hours per	day	week	month	semester
other _____							

10. Description of additional, higher level duty:

When did you start performing this duty? \_\_\_\_\_ Frequency: \_\_\_\_\_

Average time spent on this duty \_\_\_\_\_ hours per day week month semester  
other \_\_\_\_\_

<b>For Manager Use ONLY:</b>							
Were you aware the employee was performing this duty?	Yes	No	Have you assigned this work?	Yes	No		
Reason for assigning the duty: _____							
Is the duty still being performed by the employee?	Yes	No	How long will the employee perform the duty?	End Date:			
_____	Average time spent on this duty	_____	hours per	day	week	month	semester
other _____							

**Section D: Supervision**

Describe three important or significant decisions you make FREQUENTLY and INDEPENDENTLY in the course of your job:

1.

2.

3.

Please list the employee name and job title of any positions to which you provide work direction. (Include all classified personnel and student workers).

**Section E: Self-Assessment**

Based upon the information provided in the questionnaire, indicate which job classification you think most accurately reflects your job duties and why.

**Section F: Required Signatures**

**Employee:**

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

*Print Name – Employee*

\_\_\_\_\_  
*Employee Signature*

**Immediate Supervisor:** *You must forward this completed document to the cabinet-level administrator within 10 working days of receipt.*

\_\_\_\_\_  
*Print Name – Immediate Supervisor*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Immediate Supervisor Signature*

**Cabinet-Level Administrator:** *You must forward this completed document to the employee within 10 working days of receipt from the immediate supervisor*

\_\_\_\_\_  
*Print Name – Cabinet-Level Supervisor*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Cabinet-Level Supervisor Signature*

**Employee's Final Comments:** (Use additional paper if necessary.)

**Supervisor's Final Comments:** (Use additional paper if necessary.)

**Cabinet-Level Administrator's Final Comments:** (Use additional paper if necessary.)