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**st, **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):	Tele	ephone Extension:	
Scheduled Work Hours/FTE:			
Monthly Salary:	Range:	Step:	
Are you receiving any stipends? Yes No If yes, please indi	icate:		
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 <u>undergone significant changes</u> (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 <u>not</u> considered new and/or additional duties. You must have been performing theses 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 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 <u>all</u> 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 <u>cannot</u> be presented during the appeal process.

1.	Description of additional, higher level duty:									
	When did you start performing this duty?				Frequ	uency:				
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	Average time spent on this duty	hou	ırs p	er	day	week	month	semest	er	
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	For Manager Use ONLY:									
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	Reason for assigning the duty:									
	Is the duty still being performed by the employee?				_				y? End Date:	
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3.	Description of additional, higher level duty:									

	When did you start performing this duty?			Frequ	iency:				
	Average time spent on this duty	_ hours pe	er	day	week	month	semest	er	
				other					
	For Manager Use ONLY:								
	Were you aware the employee was performing this duty? Reason for assigning the duty:	Yes	No		Have you a	ssigned th	is work?	Yes	No
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4.	Description of additional, higher level duty:								
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		other
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Reason for assigning the duty:		
Is the duty still being performed by the employee?		long will the employee perform the duty? End Date:
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9	Description of additional, higher level duty:							
	When did you start performing this duty?		Fred	quency:				
	Average time spent on this duty	_ hours per	day	week	month	semest	er	
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	For Manager Use ONLY:							
	Were you aware the employee was performing this duty? Reason for assigning the duty:	Yes	No	Have you	assigned th	nis work?	Yes	No
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10.	Description of additional, higher level duty:							
	When did you start performing this duty?		Free	quency:				
	Average time spent on this duty	_ hours per	day	week	month	semest	er	
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	For Manager Use ONLY:		- Ctill					
	For Manager Use ONLY: Were you aware the employee was performing this duty?	Yes	No		assigned th	nis work?	Yes	No
				Have you				

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	
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Immediate Supervisor:	You must forward this completed document to the cabin	et-level administrator within <u>10</u> working days of receipt.
		Data
	Print Name – Immediate Supervisor	Date:
	Immediate Supervisor Signature	
Cahinet-Level Administ	trator. You must forward this completed document to t	the employee within <u>10</u> working days of receipt from the immediate
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		Date:
	Print Name – Cabinet-Level Supervisor	
	Cabinet-Level Supervisor Signature	
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Supervisor's Final Com	ments: (Use additional paper if necessary.)	
Cabinet-Level Adminis	trator's Final Comments: (Use additional paper i	f necessary.)