



DEPARTMENT OF HUMAN RESOURCES
CLASSIFICATION REVIEW REQUEST
(RECLASSIFICATIONS ONLY)

I. PURPOSE AND INSTRUCTIONS

The purpose of this questionnaire is to obtain current detailed information regarding the duties and responsibilities performed as the position exists today, not as it was in the past or how it might be in the future and to document the requirements of this position. This questionnaire will be utilized to develop or revise job descriptions/specifications, to assist in the evaluation of the position for appropriate classification, ensuring a consistent approach within our organization and to obtain information relative to safety and/or security sensitive eligibility for the purposes of the random drug testing program.

Please read the entire questionnaire prior to completing it. This will provide you with a general overview of the questionnaire and information requested.

Please complete this questionnaire as honestly, completely, accurately and as specific as you can. This questionnaire does not ask you about your job performance; only what your position requires you to do. Please do not include “how” your Department operates or “how” you complete a task, but rather “what it is you do”. Do not include special projects or temporary assignment duties, unless these tasks are a regular part of the position. Use action words to describe the duties and responsibilities performed. Avoid using abbreviations, ambiguous phrases, or technical terminology that may make reading your responses difficult or confusing. Include enough information so that someone who is not familiar with your position can gain a clear understanding of the duties and responsibilities involved in performing your work.

A review of a position’s classification or grade may be initiated by the position incumbent or the Department Director. The incumbent may initiate the review process by completing Section I (Classification Review Request) of this questionnaire and submitting it to the Department Director through their immediate supervisor for the completion of Section II. The Department Director must complete and sign Section II before completing the remaining sections of the questionnaire.

The Department Director may initiate the classification review process by completing the questionnaire, and forwarding to the Department of Human Resources, Classification Division.

Positions will not be subject to the classification review process more frequently than once per thirty-six (36) month period, unless approved by the Director of Human Resources.

A classification review request must document evidence of at least one of the following:

1. Reorganization within the department or major reallocations of duties and responsibilities of a vacant position.
2. A significant increase in responsibility due to additional programs, facilities, or requirements being assigned that are not part of the job duties currently.
3. A review of a filled position requires the incumbent to have performed new, significant, and permanent duties for a minimum of six (6) months.
4. Other reasons of business necessity (i.e. reorganizations, etc.)

The following situations are NOT reasons for a review request:

1. Changes in local, state, or federal law that require title changes in certifications, but do not change certification levels or otherwise substantially change the qualifications for the position;
2. Increased volume of work load;
3. Rewarding personal achievements of employees not required by their current jobs (i.e., obtaining degrees, certificates, skills, etc. above those required to perform the current job duties);
4. Rewarding performance;
5. Rewarding length of service;
6. Requesting higher grade assignments for vacant positions without accompanying significant changes in assigned job duties;
7. Attempting to increase salary range maximums for employees because their current salaries are at or near the salary range maximum;
8. Creating jobs to accommodate or reward specific skill sets, personal preferences, or individual interests of employees that are not required by their current jobs.

After reviewing the above information, if you believe the position meets the criteria for a classification review request, complete section I of the questionnaire.

I. CLASSIFICATION REVIEW REQUEST

If this position is currently filled, has the incumbent performed the new duties for a minimum of six (6) months?

Yes

No

If yes, approximately what date did the incumbent begin performing the new duties? _____

EMPLOYEE'S NAME	
CURRENT JOB TITLE	
POSITION TYPE	Regular Full Time <input type="checkbox"/> Limited Service <input type="checkbox"/>
DEPARTMENT	
DIVISION	
REPORTS TO (Name)	
SUPERVISOR'S JOB TITLE	
DATE	

A. LIST ALL JOB DUTIES IN THE CURRENT JOB DESCRIPTION WHICH ARE NO LONGER PERFORMED:

Please attached additional pages, if necessary.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

B. LIST ALL JOB DUTIES PERFORMED WHICH ARE NOT INCLUDED IN CURRENT JOB DESCRIPTION:

Please attached additional pages, if necessary.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

C. LIST ALL FACTORS OR CHANGES IN DUTIES WHICH MAY NOT BE ADQUATELY REFLECTED IN THE CURRENT JOB DESCRIPTION:

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SIGN BELOW, ONLY IF PART I WAS COMPLETED BY THE EMPLOYEE:

EMPLOYEE'S SIGNATURE

DATE

IMMEDIATE SUPERVISOR'S SIGNATURE

DATE

(The immediate supervisor's signature does not necessarily indicate agreement with Section I.)

II. TO BE COMPLETED BY THE DEPARTMENT DIRECTOR

1. Review the employee's answers in Section I of this questionnaire (if completed by employee), do you agree with the employee's statements concerning deleted duties, added duties or other changes?

YES NO If no, please list any exceptions below.

2. How has this position's job functions changed either in scope and/or responsibility? Provide an explanation of what occurred that precipitated the change(s) in job duties and responsibilities, the reassignment of work, the new function(s) added by law or other factors, or the reorganization that permanently changed the duties and responsibilities of this position.

3. When did this change occur? _____
4. How long will the additional duties remain with this position? _____
5. If the level of responsibility or scope has not changed, why is a reclassification review of the position being requested?

6. In your opinion, do these changes or any other factors warrant a classification review?

YES NO (An explanation is required; otherwise, there may be a delay in the classification review process.)

DEPARTMENT DIRECTOR'S SIGNATURE

DATE

***NOTE: The Department Director must concur/support any proposed changes/additions to job duties submitted by the incumbent in Section I prior to completion of the rest of the questionnaire. If the Department Director agrees with the proposed changes, the questionnaire will be returned to the incumbent for completion of the questionnaire. If the Department Director does not support the proposed changes, the Department Director is not required to submit the questionnaire to the Department of Human Resources; however, the Department Director is responsible for ensuring that the incumbent's current job description is reflective of the current job duties performed.**

III. JOB OBJECTIVE, JOB DUTIES AND RESPONSIBILITIES

A. JOB OBJECTIVE (GENERAL PURPOSE OF POSITION)

Indicate in one or two sentences the general purpose of the position (or why this job exists).
 (For example: To operate, maintain, and repair computer equipment and to provide technical assistance to users.)

B. PRIMARY JOB RESPONSIBILITIES

Describe specific duties and responsibilities that are essential to the purpose of this position and critical to successful performance, listing the most important first. For each duty and responsibility, describe the successful completion or result of that activity. DO NOT use acronyms or abbreviations. Use a separate sentence or paragraph for each duty and responsibility. **Most positions can be described within 10 or fewer major responsibility areas.** Each statement should be brief and concise. Give the best estimate of average percentage of time each duty and responsibility takes over the course of a day. Copy and attach additional information, if necessary. Marginal or occasional duties and responsibilities will be described in the next section.

SAMPLE TASKS	Percent (%) of Daily Time
1. Answers questions and provides information to customers by telephone.	30%
2. Maintains and updates various hard copy and computer files	20%
3. Collects, sorts and distributes incoming mail.	20%
4. Types various correspondence and forms.	20%
5. Makes travel arrangements.	10%
	100%
1.	
2.	
3.	
4.	
5.	
6.	
7.	

III. JOB OBJECTIVE, JOB DUTIES AND RESPONSIBILITIES (CONTINUED)

8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
	100%

C. SECONDARY JOB RESPONSIBILITIES

Describe duties and responsibilities that are marginal to the overall purpose of the position. DO NOT use acronyms or abbreviations. This includes duties and responsibilities that are not essential to the reason the position exists and generally require an average of less than 10% of time to complete (occasional duties and responsibilities). Use a separate sentence or paragraph for each duty and responsibility.

1.
2.
3.
4.

IV. EDUCATION, EXPERIENCE, CERTIFICATIONS AND LICENSES

A. Knowledge and Experience (Knowledge, Skills, and Abilities) related directly to essential functions

Please describe the minimum amount of knowledge required to perform this position.

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IV. EDUCATION, EXPERIENCE, CERTIFICATIONS AND LICENSES (CONTINUED)

1. Please indicate how this knowledge may be obtained (select all applicable items below)

- A. Some high school
- B. High school diploma (or GED)
- C. Vocational/Technical School
- D. Apprenticeship or training in a skilled trade (e.g. electrician, carpentry, etc.)
- E. Some college
- F. Associate’s (2 year) College Degree; _____
- G. Bachelor’s (4 year) College Degree; _____
- H. Master’s Degree (MA, MS) or Law Degree (JD); _____
- I. Other _____

B. EXPERIENCE/SKILLS

1. What would be the minimum length of work experience necessary to obtain this knowledge without the benefit of education described above?

- less than six months
- one year, less than three years
- five years to seven years
- six months, less than one year
- three years to five years
- other _____

2. Please indicate the specific work experience required to perform this job. For example “two (2) years of accounting experience in a public sector environment.” Please ensure that the experience stated is what is **actually required for the job**, not what is preferred.

3. Please list any specialties or areas of study that you think should be REQUIRED for this position.

Additional skills, capabilities, or previous experience

1.	
2.	
3.	

C. CERTIFICATIONS AND LICENSES

Does the position require any professional certifications, licenses and or registrations?

- Yes
- No (If No, skip to next section.)

1. List all required professional certifications, licenses required to perform this position and the time frame required to obtain certification/license for this position. (e.g. before employment; within one year of employment) (attach additional pages, if necessary)

CERTIFICATION/LICENSE TYPE <small>Example: Certified Public Accountant (CPA)</small>	TIME FRAME REQUIRED TO OBTAIN <small>Example: Must obtain within one (1) year of employment</small>
1.	
2.	

IV. EDUCATION, EXPERIENCE, CERTIFICATIONS AND LICENSES (CONTINUED)

D. MOTOR VEHICLE OPERATION

1. Does this position operate a city vehicle?

Yes No (If No, skip to next section.)

2. Please describe the essential job functions you perform that require you to operate a city vehicle?

3. What type of vehicles? (Example: *passenger van, side-loader refuse truck.*)

Is this vehicle driven on city streets?

Yes No

Check the appropriate item(s) for frequency each vehicle is driven month.

Daily 1-4 times 5-9 times Other _____

4. What type of driver's license is required for this position? (check all that apply)

<input type="checkbox"/> Regular (Class D) Driver's License	<input type="checkbox"/> Class A Commercial Driver's License (CDL)	<input type="checkbox"/> Class B Commercial Driver's License (CDL)	<input type="checkbox"/> Class C Commercial Driver's License (CDL)	<input type="checkbox"/> Other
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If a Commercial Driver's License is required please list the name/type of vehicle position is required to operate that requires the license.

5. List any special CDL endorsements that are required.

For example: passenger endorsement, HAZMAT, tank vehicles, etc.

V. SUPERVISION

FORMAL supervisory responsibility is defined as actively participating in the hiring, providing coaching/counseling and conducting performance evaluations of other City employees. If you are required to conduct and sign annual performance evaluations, you have formal supervisory responsibility.

1. Does this position supervise one or more full-time positions?

Yes No

2. What is the total number of positions supervised? _____

3. Check the appropriate areas of responsibility:

<input type="checkbox"/> Hiring	<input type="checkbox"/> Coaching/Counseling	<input type="checkbox"/> Reviewing Salaries
<input type="checkbox"/> Training	<input type="checkbox"/> Assigning Work	<input type="checkbox"/> Disciplining
<input type="checkbox"/> Approving Leave	<input type="checkbox"/> Orientation	<input type="checkbox"/> Conducting Performance Evaluations
<input type="checkbox"/> Planning/Control	<input type="checkbox"/> Terminating	

V. SUPERVISION (CONTINUED)

4. List position titles supervised by this position:

5. Does this position conduct performance evaluations for the positions listed above?

- Yes No

VI. SUPERVISION RECEIVED

- Direct Supervision - employee receives instructions and close supervision from a superior who is present at all times, and who gives step-by-step directions.
- Immediate Supervision - employee receives instructions and task assignments from a supervisor, who reviews work in progress. Works under constant supervision.
- General Supervision - employee performs duties under work orders received from a supervisor without his/her close and constant supervision. Submits reports on finished work to supervisor for review.
- General Direction - employee can plan work methods after receiving instructions on procedures and recommendations on major matters of policy.
- Administrative Direction - employee can perform duties on his/her own initiative. Work operations can be re-planned or reorganized on employee's own authority. Employee can plan and budget for programs and flow of work. Receives little or no supervision except in matter of overall Citywide policy.

VII. EFFECT OF ERRORS

What is the most serious consequence, which could result from an error made in this position? Check all applicable statements below:

- Errors are easily and quickly detected and would result in only minor confusion or clerical corrections.
- Errors are usually detected in succeeding operations and generally confined to one division.
- Errors may cause considerable interruption and delay in work output.
- The effect is usually confined within the City, but may extend indirectly to outside relationships.
- Errors are hard to detect, may be serious, but usually confined within the City.
- Errors are hard to detect and may be serious, affecting outside relationships.
- Errors could result in the death/serious injury of a person.

VIII. SCOPE OF RESPONSIBILITY

A. CUSTOMER CONTACT

1. Internal: List persons or departments that are internal customers and the frequency and type of contact (*i.e., frequent contact in person and over the telephone with Police Department staff*).

2. External: List general groups (*i.e., neighborhood organizations, vendors, etc.*) that are external customers and the frequency of contact (*i.e., constant contact with clients or neighborhood organizations, weekly contact with vendors, etc.*)

VIII. SCOPE OF RESPONSIBILITY (CONTINUED)

B. FISCAL RESPONSIBILITY

1. What are the fiscal responsibilities of this position?

2. Is this position responsible for collecting money (by cash, check, or transfers) on behalf of the City?

Yes No

If yes, please explain:

3. Is this position charged with managing a budget, employee salaries, etc?

Yes No

If yes, please explain:

IX. WORKING CONDITIONS

A. Hours: What are the normal working hours for this position (*i.e., call out, shift work, mandatory overtime, holidays, weekends, etc.*).

B. Location: Describe place(s) where work activities are performed (*i.e., at a desk, in computer room, etc.*) and any conditions that warrant special attention (*i.e., high noise level, exposure to dust, etc.*).

C. Physical Elements: Describe in action verbs the physical elements of the position and an estimation of how frequently these actions are performed and/or the duration of the action (*i.e., sits at computer terminal and enters data 4 - 6 hours per day*).

D. Equipment Used: List all tools and equipment necessary to complete the tasks associated with this position, what software is utilized, and to what extent it is used. (*e.g., database maintenance, data retrieval only; computerized file development and maintenance, etc.*)

SOFTWARE/TOOLS (e.g., computer; microsoft word, excel)	EXTENT OF UTILIZATION (e.g., daily, monthly, annually)
1.	
2.	
3.	
4.	
5.	

X. PHYSICAL DEMANDS/ENVIRONMENTAL CONDITIONS

A. Special Job Dimensions: Does this position require any physical demands such as standing for prolonged periods, lifting, bending, pushing, climbing, etc. If so, what percentage of time? Please elaborate.

Yes No If yes, please explain below:

B. Physical effort and dexterity: Physical effort and dexterity refers to the requirement for physical exertion and coordination of limb and body movement. Please check the option that most closely relates to the level of physical effort and dexterity associated with your job.

- Sedentary work that involves sitting most of the time, but may involve walking or standing for brief periods of time. Requires little to no dexterity.
- Sedentary work that involves walking or standing some of the time and involves exerting up to 10 pounds of force on a regular and recurring basis or sustained keyboard operations.
- Light work that involves walking or standing most of the time and involves exerting up to 20 pounds of force on a regular basis and recurring basis or skill, adeptness and speed in the use of fingers, hands or limbs on repetitive operations of mechanical or electronic office or shop machines or tools within moderate tolerances of accuracy.
- Light to medium work that involves walking or standing virtually all of the time and also involves exerting between 20 and 40 pounds of force on a regular and recurring basis or considerable skill, adeptness and speed in the use of the fingers, hands or limbs in tasks involving close tolerances or limits of accuracy.
- Medium work that involves walking, standing, stooping, lifting, digging, pushing and raising objects and also involves exerting between 20 to 50 pounds of force on a regular basis and 50 to 100 pounds of force on an occasional basis.
- Heavy work that involves constantly lifting, shoveling, and carrying 35 to 50 pounds of work on a regular and recurring basis and exerting 100 pounds of force on a frequent basis.
- Very heavy work that involves exerting more than 120 pounds of force on a regular and recurring basis, loading and unloading, moving, lifting, fabricating and installing very large or very heavy equipment.

What duties (on pages 2, 5 or 6) correspond with the physical effort (Section B.) notated above:

C. Environmental Conditions/Hazards: Environmental hazards refer to the job conditions that may lead to injury or health hazards even though precautions have been taken. If your job requires routine and frequent exposure to any of the following hazards, please select each condition that is closest to the conditions found on your job.

<input type="checkbox"/> None	<input type="checkbox"/> Extreme noise levels
<input type="checkbox"/> Traffic	<input type="checkbox"/> Disease/pathogens
<input type="checkbox"/> Dusts and pollen	<input type="checkbox"/> Explosives
<input type="checkbox"/> Heights	<input type="checkbox"/> Extreme heat and/or cold (not indoors)
<input type="checkbox"/> Animals/wildlife	<input type="checkbox"/> Moving machinery
<input type="checkbox"/> Toxic/caustic chemical	<input type="checkbox"/> Wet or humid conditions
<input type="checkbox"/> Fumes and/or noxious odors	<input type="checkbox"/> Radiation
<input type="checkbox"/> Bright/dim light	<input type="checkbox"/> Vibration
<input type="checkbox"/> Electrical shock	<input type="checkbox"/> Violence

X. PHYSICAL DEMANDS/ENVIRONMENTAL CONDITIONS (CONTINUED)

D. Physical Demands: Indicate how often the following physical demands are required to perform the essential job functions.

C=Constantly
(5-8 hrs/shift)

F=Frequently
(2-5 hrs/shift)

O=Occasionally
(up to 2 hrs/shift)

R=Rarely
(does not exist as regular part of job)

*Amount: If there is an essential job function that requires one to lift, carry, push, or pull, please indicate the **maximum** number of pounds in the designated fields below.

Physical Demands	Frequency	Physical Demands	Frequency
Standing		Stooping	
Walking or Running		Kneeling	
Sitting		Bending or Twisting	
Lifting *maximum ____ lbs		Crawling	
Carrying *maximum ____ lbs		Reaching	
Pushing *maximum ____ lbs		Handling	
Pulling *maximum ____ lbs		Grasping	
Climbing		Feeling	
Balancing		Speaking or Talking	
Repetitive Motions		Hearing and understanding conversations or sounds	
Eye/Hand/Foot Coordination		Tasting or Smelling	
Near Vision (20 inches or less)		Distance Vision (20 feet or more)	

E. Provide a brief explanation of what one would be required to lift, carry, push, or pull in the performance of the essential job functions, **regardless of how often the function is performed?** Please be specific.

XI. SAFETY/SECURITY SENSITIVE

A. Does the position perform duties that are safety sensitive or duties that could create a risk of harm to others if the employee is under the influence of illegal drugs or alcohol?

Yes No If yes, please explain below:

B. In an effort to assist in determining if this position may be safety/security sensitive, please advise if this position performs duties that may require the employee to:

If Yes, please explain below:

Entering Private Homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drive Regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transport people/children	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Access to security sensitive information (i.e. ACIC Certification)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

XII. ADDITIONAL INFORMATION

Please include any additional information that will aid in the preparation/evaluation of an accurate description of this job (attach additional page(s) if necessary).

This questionnaire was completed by:

NAME, TITLE **DATE**

If the position is currently filled, please have the incumbent review and sign below.

NAME, TITLE **DATE**

(Signature does not necessarily imply agreement, only acknowledges changes.)

XII. SUPERVISOR/MANAGER AND DEPARTMENT DIRECTOR

If this questionnaire was completed by the current incumbent, please review the employee's responses carefully. If you disagree with the statements or any information is missing, please explain in the space below. The employee's work performance will not be considered in the classification review of this position. **DO NOT CHANGE ANY OF THE EMPLOYEE'S RESPONSES.**

DIVISION MANAGER'S SIGNATURE **DATE**

DEPARTMENT DIRECTOR'S COMMENTS

DEPARTMENT DIRECTOR'S SIGNATURE **DATE**