** POSITION RECLASSIFICATION REVIEW REQUEST**

**POSITION INVENTORY QUESTIONNAIRE**

Complete the Position Inventory Questionnaire (PIQ) as carefully and thoroughly as possible. Describe your position as it is right now. Any questions which arise should be discussed with your immediate supervisor and supervising administrator. In addition, have your completed questionnaire reviewed and signed by your immediate supervisor, responsible administrator and the Vice President/President/Vice Chancellor.

You will also need to provide a current and proposed organizational chart and submit to Sean McGowan, HR Specialist in District Human Resources along with the completed PIQ.

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Current Classification Title:** |  |
| **Working Title (if applicable):** |  |
| **Department/Division:** |  |
| **Campus:** |  |
| **Supervisor’s Name:** |  |
| **New Classification Title Requested:** |  |

|  |  |  |
| --- | --- | --- |
| Employee Signature: |  | Date: |

**1. MAIN FOCUS OF YOUR JOB**

 Two or three sentences describing the main focus of your job.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**2. LIST OF DUTIES**

 A duty is a major responsibility assigned to a position; a duty could include many tasks. List your major job duties in descending order of importance. Then assign each duty a percentage of time spent performing that duty and frequency (daily, weekly, monthly). The total of % time should equal 100%.

|  |  |  |
| --- | --- | --- |
| % of Time | Duties | Frequency |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| When were you assigned these duties? Specify date:  |

*Attach additional pages as necessary*

**3. CONTACTS/WORKING RELATIONSHIPS:**

Describe the routine contacts you need to have with others within or outside the organization.

|  |  |  |
| --- | --- | --- |
| **Inside Contacts** | **Reason For Contact** | **Frequency of Contact** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Outside Contacts** | **Reason For Contact** | **Frequency of Contact** |
|  |  |  |
|  |  |  |
|  |  |  |

**4. RESPONSIBILITY AND DECISION MAKING**

Describe the types of responsibility you have for taking actionin order to do your job properly.

1. Types of decisions you make without prior approval:

|  |
| --- |
|  |
|  |
|  |

1. Types of decisions referred to higher authority:

|  |
| --- |
|  |
|  |
|  |

1. Describe the way in which your work is assigned and reviewed, and the frequency and type of guidance provided by your supervisor.

|  |
| --- |
|  |
|  |
|  |

**5. BUDGET RESPONSIBILITY**

 List any responsibility for budgets you are assigned. Please note the scope of the budget (specific program, division, department), the kind of responsibility (typing, compiling, forecasting, analyzing), and the frequency of your involvement (daily, monthly, annually).

|  |
| --- |
|  |
|  |
|  |

Total Budget $

**6. SUPERVISION EXERCISED**

 Please list the name and job title of any regular employees you exercise supervision over. If you have responsibility for hourly/temporary/student employees, do not list names but as a group, i.e. “Hourly/Student Employees.” Then list the type of supervision exercised by listing the number(s) of the supervision statements listed below:

* 1. Train others in assigned duties
	2. Assign work to other employees
	3. Review the work of other employees
	4. Evaluate the work of other employees
	5. Provide information on employee evaluations
	6. Conduct employee performance evaluations
	7. Recommend disciplinary action for employees
	8. Formally discipline employees
	9. Recommend hiring and firing of employees
	10. Hire and fire employees

|  |  |  |
| --- | --- | --- |
| Employee Name | Job Title | Type of Supervision Exercised |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**7. WORK PRODUCTS**

 A. List the main work products you produce in your job (typed letter, payroll, arrested criminals, monitor office operations). Describe how and by whom these products are reviewed.

|  |
| --- |
|  |
|  |
|  |

 B. For what are your work products used? List how and by whom these products are used.

|  |
| --- |
|  |
|  |
|  |

**8. KNOWLEDGE, SKILLS AND ABILITIES**

 Every job requires some combination of knowledge, skill and/or ability (KSA) to perform assigned duties. This section is provided to separate what you know from what you do.

 Definitions

 A knowledge is a body of information drawn upon to perform a duty.

 A skill is a physical dexterity or coordination required to perform a duty.

 An ability is an observable behavior or aptitude related to a duty.

 Examples

 Knowledge of modern office procedures, systems and equipment.

 Skill in operating heavy equipment, including a back hoe.

 Ability to analyze and prepare technical reports.

 Also, please note whether the KSA was required before you came on the job or whether you learned it on the job.

|  |  |
| --- | --- |
| Knowledge, Skills and Abilities | Required /Learned |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**9. EQUIPMENT AND TOOLS**

 List any specialized equipment or tools you use in the performance of assigned duties. Include the amount of time (either % of time or hours/ day, week, month) spent using the equipment or tool.

|  |  |
| --- | --- |
| Equipment or Tool | Frequency |
|  |  |
|  |  |

**10. VEHICLES**

 List any specialized vehicles you use in the performance of assigned duties.

|  |
| --- |
|  |
|  |

**11. ENVIRONMENT**

 Describe the work environment you typically work in (office, outdoors, traffic, park).

|  |
| --- |
|  |
|  |
|  |

**12. REQUIRED LICENSES OR CERTIFICATES**

 Please list any licenses or certificates from a board of licensure or governmental agency you are required to possess to perform assigned duties.

|  |
| --- |
|  |
|  |
|  |

**13. ADDITIONAL INFORMATION**

 Please state any additional comments that may be helpful in understanding this job and how it functions within the organization.

|  |
| --- |
|  |
|  |
|  |
|  |

**SECTION II - SUPERVISOR COMMENTS**

*Please read employee’s questionnaire thoroughly and provide feedback in the following three areas.*

1. Do you believe the employee has described his or her job accurately? Yes No

If not, what changes would you make to the questionnaire to describe the job more accurately?

|  |
| --- |
|  |
|  |
|  |
|  |

1. What do you consider the most important qualifications of an employee in this job?

|  |
| --- |
|  |
|  |
|  |

1. What kind of supervision does this position receive? How often do you review the employee's work? How do you normally give this position assignments?

|  |
| --- |
|  |
|  |
|  |

Supervisor – Please confirm that you read this questionnaire.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed: |  | Title: |  | Date: |  |

SECTION III - ADMINISTRATION REVIEW

**SUPERVISING MANAGER:**

I believe the employee and supervisor have accurately described the position in this questionnaire

 Yes No

I would suggest the following modifications to more accurately describe the position. Attach additional pages if necessary.

Please confirm that you read this questionnaire.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed: |  | Title: |  | Date: |  |

**VICE PRESIDENT/PRESIDENT/VICE CHANCELLOR:**

I support this reclassification request moving forward for consideration. ❑ Yes ❑ No

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |