

CLASSIFICATION AND COMPENSATION STUDY

**Lompoc Unified School
District**



EWING
CONSULTING

- ▶ 35 Years in Business Serving Education Industry
- ▶ Over 200 K-12 Clients
- ▶ 45 Community College Districts
- ▶ Specialists in San Joaquin Valley Education
- ▶ Current Projects: Visalia, Dinuba, Earlimart, Coalinga-Huron, Taft

DESCRIPTION OF EWING CONSULTING, INC.



- ▶ Specialists in Merit Districts
- ▶ California based company
- ▶ 200 + K-12 districts in California

DESCRIPTION OF EWING
CONSULTING, INC.

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue gradient background.

- ▶ Purpose
- ▶ Products
- ▶ Participation of employees
- ▶ Advisory Committee

CLASSIFICATION STUDY DEFINED

- ▶ Orientation programs
- ▶ Employees complete questionnaire online or on hard copy
- ▶ Supervisors review forms and provide feedback
- ▶ Human Resources send forms to Consultants
- ▶ Consultants review forms
- ▶ Interviews
- ▶ Consultants recommend classifications
- ▶ Employees review class descriptions - feedback
- ▶ Consultants provide final class descriptions

PROCESS – CLASSIFICATION ELEMENT

- ▶ Selection of survey participants
- ▶ Conduct of survey
- ▶ Presentation of survey results
- ▶ Allocation of classes to ranges
- ▶ Implementation option
- ▶ Maintenance assistance
- ▶ Perform classification center

PROCESS – COMPENSATION ELEMENT



- ▶ William A. Ewing, President
- ▶ BJ Ewing, Senior Project Director
- ▶ Suzanne Ansari, Human Resources Consultant
- ▶ Ashleigh Mosiman, Human Resources Consultant
- ▶ Glenn Siegel, Sr. Consultant

PROJECT STAFFING

FOR OFFICE USE ONLY
CONS
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SIC MIC ___/___

LOMPOC UNIFIED SCHOOL DISTRICT

POSITION INFORMATION QUESTIONNAIRE

1. BACKGROUND INFORMATION

Name _____ Class Title _____

Name of Department _____ Working Title _____

Name of Special Program (if applicable) _____

Work Telephone Number _____ Ext. _____

Work Day Begins At _____ Ends _____ Total Hours Per Day _____ Hrs.

Length of Time in Present Position _____ Yrs. _____ Mos.

Last Previous Position (if applicable) _____

Total Length of Time with District _____ Yrs. _____ Mos.

Title of Immediate Supervisor _____

Name of Immediate Supervisor _____

Name of Person(s) Who Signs Evaluation _____

Does Your Current Class Title Accurately Describe Your Position? _____ Yes _____ No

If Not, What Class Title Do You Believe Better Describes the Position? Please Give Reasons.

2. BASIC FUNCTION

What basic function does your position serve in assisting your department to fulfill its purpose; what is the major reason or purpose for your work?

B. Outside Contacts

With what other organizations, agencies or authorities outside the District do you come in contact (if any) during the normal course of your duties? What is the reason for this contact? How frequently ("continuous", "frequent", "moderate" or "infrequent")?

<u>Outside Organization</u>	<u>Reason for Contact</u>	<u>How Often</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **RECORDS AND REPORTS**

A. Records

What records do you regularly maintain or prepare?

B. Reports

What reports do you prepare or supervise the preparation of? How often are these prepared?

<u>Title of Report</u>	<u>Reason for Report</u>	<u>Sent to</u>	<u>How Often</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. DECISIONS

A. Type

Describe the most difficult and/or major decisions you make in the course of your work.

B. Degree of Independence

What review is made of your decisions by others? Who reviews? For what reason? Do you work independently or with your supervisor closely available.

C. Financial Impact

What is the amount and type/name of the budget for which you have direct accountability (include salaries of subordinates)?

What is the greatest expenditure you can authorize (signature authority)?

Are there other direct or indirect measures of financial impact of your position?

7. SUPERVISION

A. Subordinates

List the classification titles of employees whom you supervise directly (you are responsible to complete their performance appraisals) and indirectly (lead or provide work direction). Indicate number of employees in each classification.

<u>DIRECTLY</u>		<u>INDIRECTLY</u>	
Classification	No.	Classification	No.
_____	_____	_____	_____

B. Do you have responsibility for selection of personnel, appraisal of performance, and such actions as salary increases, promotions, discipline, reassignment or terminations ____ Yes ____ No. If yes, please describe:

8. KNOWLEDGE AND ABILITIES

A. Knowledge

List the specific areas of knowledge that a person must possess to successfully perform your job. Some of the areas to consider are laws, regulations, codes, technical aspects, policies, procedures, practices, terminology, software applications, equipment operation, materials, curriculum or subject matter.

B. Abilities

List the specific abilities that a person must possess to successfully perform your job. Some of the areas to consider are abilities to perform certain functions, plan, create, explain, develop, prepare, maintain, repair, operate, administer, coordinate, and review.

9. EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS

Indicate the qualifications and requirements for successful performance which should be required in filling a future vacancy in your classification. Describe what you believe is necessary for proper performance, not necessarily your own qualifications. Indicate your reasons for selecting these requirements.

Minimum Formal Education:

Specialized Training (Years and Type) _____

Previous Experience (Years and Type): _____

Licenses, Certification or Registration (list whether it is required by State or other) _____

Training Period (required for a new employee possessing the qualifications above): _____

10. WORKING CONDITIONS

In order to comply with government regulations related to working conditions and physical requirements, please complete the following two pages.

Work Environment: What is the work environment or location in which you perform your duties? Examples include: standard office, indoor/outdoor, adverse weather conditions, noise, regular exposure to fumes, dust and odors, and exposure to constant interruptions.

Physical Requirements: If a physical ability applies, please list a specific task which requires this ability. If the physical ability does not apply, please check (/) N/A. *How Often Performed?* A = Rarely (once or twice a year), B = Occasionally (monthly), C = Frequently (weekly), D = Daily (1 to 4 hours), E = Daily (5+ hours)

PHYSICAL ABILITY	N/A	SPECIFIC TASK(S) THAT REQUIRE THIS ABILITY	HOW OFTEN?
Example: Climbing		<i>Ladders and scaffolding to paint buildings and other facilities</i>	
Climbing			
Standing for extended periods of time			
Sitting for extended periods of time			
Lifting and carrying		(please indicate the weight of the heaviest item you are <u>required</u> to lift)	
Pushing or pulling			

PHYSICAL ABILITY	N/A	SPECIFIC TASK(S) THAT REQUIRE THIS ABILITY	HOW OFTEN?
Walking			
Reaching overhead and above shoulders			
Heavy physical labor			
Repetitive hand or body motions			
Utilize hand or power tools			
Bending at the waist, kneeling or crouching			
Other (please be specific)			

Hazards: Please list hazardous or unpleasant working conditions in your job

HAZARDS	N/A	CONDITIONS UNDER WHICH THIS HAZARD EXISTS	HOW OFTEN?
Chemicals			
Fumes, odors or gases			
Working around and with machinery having moving parts			
Working at heights			
Dissatisfied or abusive individuals			
Extreme weather conditions			
Other			

11. OTHER FACTORS

If you wish to present additional information about your job, use this space; additional sheets may be attached if needed.

12. Do you wish to request an interview with the consultants?

Individual interview: Yes _____ No _____

Group interview: Yes _____ No _____

If you want a group interview, please list the individuals involved. (Individuals requested for the group individual must be in the same classification as you and must request the same group interview.)

I HAVE READ THE INSTRUCTIONS AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE THE INFORMATION PRESENTED HERE IS ACCURATE AND COMPLETE.

Signature of Employee

Date

SUPERVISOR'S REVIEW

1. Have you carefully reviewed this completed questionnaire, and does it accurately reflect the duties of the employee?

Yes _____ No _____

2. If no, please explain your concerns, making reference to the numbered item in the questionnaire. (Please do not change information in the questionnaire).

3. Comment on your support or disagreement with any suggested classification or title change that this employee provided on Page 1, item 1.

4. Other Supervisor comments. We strongly encourage and appreciate any further information and input you would provide.

5. Have you discussed your concerns with this employee? Yes _____ No _____

Signature of Supervisor

Supervisor's Title

Date _____

Work Telephone Number _____ Ext. _____

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