

Reclassification Application Check-off Sheet

Please do not turn in your application unless all items have been checked off and included.

ITEM REQUIRED	DONE ✓
1. Completed packed, check every page, signed and dated.	
2. Supervisor/Manager review, signed and dated.	
3. Include Job Description.	

DINUBA UNIFIED SCHOOL DISTRICT

REQUEST FOR RECLASSIFICATION

This form is to assist in determining if your position should be reclassified. Please answer all questions thoroughly; the more detailed and specific you are, the better the evaluators can understand the reason for your request. You may give examples and attach additional pages.

Please note:

- Positions are reclassified – not the employee
- Classification does not consider the capabilities of the individual or his/her efficiency
- Classification does not resolve performance problems
- Classification does not consider the amount of work performed.

In evaluating the information collected, evaluators will use a “whole job analysis” approach. With this approach, current duties and responsibilities are analyzed taking the following factors into consideration:

- Expertise (knowledge, skills, and abilities)
- Decision-making
- Supervision (received and exercised)
- Contacts
- Working conditions.

These factors will be examined to determine whether or not a change in job classification or salary is justified.

In conducting a classification review, potential outcomes include:

- a change in classification to either a new or another existing classification;
- a change in salary with or without a change in job classification (salary realignment);
- a change or revisions to the existing class specification with or without a change in salary;
- or no change in either salary or job classification.

In order to justify a change, it is important that there be a material change in the type of duties assigned and/or the level associated with the assigned duties. An increase in the volume of work is not considered a justification, since this is ultimately a staffing issue; nor is individual job performance a consideration, since jobs are classified based on operational needs regardless of who holds the position. Further, jobs may change as a result of reorganization or redistribution of work assignments, or because of changing technology requiring the use of new and/or different tools. However, this does not necessarily mean that a change in classification is justified if the level of difficulty, complexity, and responsibility has not increased.

This completed application must be received in the Personnel Office by **February 15th** .

DINUBA 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 _____

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

Last Previous Position (if applicable) _____

Total Length of Time with Dinuba Unified _____ 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?

3. IMPORTANT AND ESSENTIAL DUTIES

Listing the most important duties first, describe the major duties performed by your position. A duty is an activity performed to achieve the purpose or objectives of the job. A duty is a significant part of a functional area and consists of the performance of one or more tasks. Start each duty statement with a verb such as prepare, maintain, calculate, collect, compile, clean, repair, or other similar action word.

Respond based on actual job duties and responsibilities. Describe the job responsibilities/duties as they exist now. In other words, tell us what you are actually doing in the job – this may or may not differ from what your current job description states. **Be objective and accurate.** Try not to understate or inflate the job. Base your responses on the typical duties and responsibilities of the job under normal conditions, not under unusual circumstances or temporary assignments.

In the right hand columns, please identify the following:

Date added or changed: If a duty has not always been part of your position, please identify the date that the duty was added to your position or that the duty significantly changed. You do not have to complete the **Date added or changed** column for duties that have always been part of your position.

Frequency Code: Please code [D (Daily), W (Weekly), M (Monthly), Q (Quarterly), S (Semi-Annually), Y (Yearly)] how often you perform each duty.

% of Total Job: Assuming all duties listed encompass 100% of the total job, give a best estimate of the approximate percentage of total job that each duty (or group of related duties) represents. The total of all duty statements must equal 100%.

IMPORTANT AND ESSENTIAL DUTIES		DATE ADDED OR CHANGED	FREQUENCY CODE	PERCENT OF TOTAL JOB
1				
2				
3				
4				
5				
6				
7				

IMPORTANT AND ESSENTIAL DUTIES		DATE ADDED OR CHANGED	FREQUENCY CODE	PERCENT OF TOTAL JOB
8				
9				
10				
11				
12				
13				
14				
15				

4. What machinery or equipment do you use in performing these tasks?

5. What other duties do you perform on an irregular or periodic basis (weekly, monthly, or annually)?

Duties

How Often?

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Duties

How Often?

6. CONTACT WITH OTHERS

A. Internal Contacts

With what other departments/positions within Dinuba Unified do you come in contact? What is the reason for the contact?

How frequently? If each day or so, use "continuous", if each week or so, use "frequent", if every several months, use "moderate", if once every six months or more, use "infrequent".

Department/Position	Reason	How Often

B. Outside Contacts

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

Outside Organization	Reason for Contact	How Often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. 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)?

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

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

8. SUPERVISION

A. Subordinates

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

DIRECTLY		INDIRECTLY	
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:

9. 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.

10. 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, County Office or other):

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

11. 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?
<i>Example: Climbing</i>		<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			
Pushing or pulling			
Walking			
Reaching overhead and above shoulders			
Kneeling and crouching			
Heavy physical labor			
Repetitive hand or body motion			
Utilize hand and power tools			
Bending			
Other (please be specific)			

HAZARDS: Please list hazardous and unpleasant working conditions in your job

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

12. OTHER FACTORS

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

13. Do you wish to request an interview with the consultants? _____ Yes _____ No

If you wish a group interview, please provide the names of the individuals involved below.

I have read the instructions and to the best of my knowledge, I believe the information presented here is accurate and complete.

Employee Signature

Date

DINUBA UNIFIED SCHOOL DISTRICT

REQUEST FOR RECLASSIFICATION

SUPERVISOR/MANAGER REVIEW

IMMEDIATE SUPERVISOR REVIEW

Please complete your review and forward the employee's questionnaire and your review to the appropriate manager. You may wish to retain a copy for of this document for your records.

Name of Employee Requesting Reclassification: _____

Employee's Current Job Title: _____

Please review the information submitted by the employee and answer the following questions:

- A. Have you carefully reviewed this completed application and does it accurately reflect the duties of the employee? _____ Yes _____ No
- B. Do you believe the current job title is appropriate for this position? _____ Yes _____ No
- C. Is the position classified properly in relation to other positions? _____ Yes _____ No

If **NO** to either of the above questions, explain and suggest an appropriate job title:

- D. Is the suggested job title currently used in the District? If yes, is it used District-wide or is it unique to this occupation/campus:

- E. If known, list the name(s), class title(s), and location/campus of other employees performing the same duties or performing the functions described herein at the same level:

Employee Name	Class/Job Title	Location/Campus

F. Do you as the immediate supervisor concur with the employee's statements made in this document?

_____ Yes _____ No

G. Are there any portions of the employee portion of the questionnaire that you wish to comment on or clarify?

H. Who previously performed any new duties the employee identified?

I. Did you as the supervisor/manager of this position assign the new or expanded duties to the employee or has the employee taken on the duties independently?

J. That is the primary function or purpose of this job in relation to the mission, goals, and objective of the assigned work unit and department?

K. Please provide any additional comments or remarks you may have:

Signature: _____ Date: _____

Type or Print Name: _____ Telephone #: _____

Classification Title: _____

**DINUBA UNIFIED SCHOOL DISTRICT
REQUEST FOR RECLASSIFICATION**

MANAGEMENT REVIEW

Please review the information provided by the employee as well as the employee's supervisor, indicate whether or not you support the request, and provide any additional comments or remarks you may have. **Please complete your review and forward the entire document (employee's Request for Reclassification and Supervisor's Review) to the Personnel Office by date listed below:**

DATE _____.

You may wish to retain a copy for of this document for your records.

Signature: _____

Type or Print Name: _____

Telephone Number: _____

Date: _____

Classification Title: _____

