

UPGRADE REQUEST FORM

Date: _____

This form is used to request an upgrade. Please be advised that this request will become part of your personnel file.

1. Employee Name: _____

2. Location (Bldg & Dept): _____

3. Current Title: _____ Yrs in Title: _____

4. Title Upgrade: _____

5. If applicable: Civil Service Exam #: _____ Placement on list: _____

6. Description of Duties:

List the major duties of your position. List the *most important duty first*. Under each duty, describe in detail the tasks you performed. Indicate the approximate percent of time spent during a year performing each duty. Attach additional pages if necessary.

<u>Duties:</u>	<u>% of Time/Year:</u>
a) _____	_____ %

b) _____	_____ %

c) _____	_____ %

d) _____	_____ %

e) _____	_____ %

	100%

UPGRADE REQUEST FORM

7. Contact with Others (not including your immediate supervisor or subordinates):

Describe the frequency and purpose of contacts you are required to have with others. The communication may be face to face, by telephone, or written. Give examples of specific kinds of people contacted (including those listed below); for each, tell the purpose of the contact and how often the contacts occur.

Use the following descriptions to answer the *Frequency* column:

Often = Once a day or more
Some = At least twice per week
Seldom = Once per month or less
Rarely = No more than once per year

Use the following descriptions to answer the *Purpose* column

A = Receive or provide factual information
B = Obtain services
C = Explain or interpret guidelines or instructions
D = Solve problems through persuasion or discussion

<u>People Contacted</u>	<u>Frequency</u>	<u>Purpose</u>
General Public	_____	_____
Parents	_____	_____
Suppliers/Vendors	_____	_____
Head of your department	_____	_____
Co-workers within your department	_____	_____
Administrators in other departments	_____	_____
Peers outside your department	_____	_____
Legislators	_____	_____
Commercial agencies	_____	_____
Press/Reporters	_____	_____
Others (please specify):	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

UPGRADE REQUEST FORM

8. Effect of Work:

Indicate the impact that the work you perform has on the school district. Also indicate all the skills that you are proficient in that help you to perform your job in an efficient manner.

[illegible]

UPGRADE REQUEST FORM

9. Supervision Received:

- a. Check the statement below that best describes the extent of supervision you receive in doing your work. Consider how often you meet with your supervisor, what you discuss, and what work, decisions, etc. must be approved or checked by your supervisor.

Please check one:

- ☐ Frequently: Supervisor makes specific assignments with clear, detailed and specific instructions. All but minor changes from set procedures are referred to supervisor.
- ☐ Daily: Employee reports daily to get advice and/or assignments. Supervisor indicates generally what is to be done, limitations, quality and quantity expected, deadlines and priorities. Follow set methods and procedures; refer exceptions to Supervisor.
- ☐ Occasionally: Since most duties are repetitive and are carried out in accordance with standard instructions and procedures as guides. The supervisor makes assignments by defining objectives, priorities and deadlines. Unusual problems are referred to supervisor, frequently with suggestions for correction.
- ☐ Limited: The nature of the work is such that it is performed to a large extent on own responsibility and assignment, with some choice of method. Supervisor sets the overall objectives and resources available. The employee and supervisor in consultation develop the deadlines, projects and work to be done.
- ☐ Little or no direct supervision: The supervisor provides administrative direction with assignments in terms of broadly defined missions or functions. Have wide choice in selection, development, and coordination of methods within broad framework of general policies.

- b. Do you develop methods or procedures for accomplishing your own work? ☐ Yes ☐ No

If yes, please explain: _____

UPGRADE REQUEST FORM

10. Minimum Qualifications:

Indicate for each heading the *minimum* level required for successful performance of the duties of your position. If established by local or state law or by the Personnel, please indicate.

a. Formal education required:

b. Experience necessary (indicate amount and type):

c. Specialized skills or abilities:

d. Licensure or certification required:

UPGRADE REQUEST FORM

11. Supervisory Responsibility:

If you are in a supervisory capacity, please answer the following questions. If you are not, go to page 7.

- a) List below the titles and number of employees you *directly supervise*. This includes only those employees who report directly to you for work assignments and whose work you are immediately responsible for reviewing.

<u>Title</u>	<u># Supervised</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- b) Are the employees you supervise: _____ Full time _____ Part Time _____ Temporary/Seasonal

- c) What is the *total number* of employees for whom you are responsible, either directly or indirectly?

- d) What percent of your time do you spend in supervisory duties and/or planning the work of others?
_____ %

- e) Check each of the kinds of supervision below that you perform independently.

☐ Check work quality or quantity	☐ Assign work, add or delete duties
☐ Plan work, establish priorities	☐ Instruct and train in methods and procedures

Comments: _____

UPGRADE REQUEST FORM

12. Comments:

Please provide any comments regarding the duties and/or responsibilities of your position that were not covered in this questionnaire that you believe would be helpful in making a decision.

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Signature

Date _____

UPGRADE REQUEST FORM

13. Immediate Supervisor's Comments:

Please review the responses provided above by your employee on pages 1-7. Please provide any comments you have or additions/exceptions to the information provided. Please do not change any of the statements made.

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Supervisor's Name

Job Title

Signature

Date _____

UPGRADE REQUEST FORM
FOR UPGRADE COMMITTEE TO COMPLETE

14. Status:

Action Taken: _____

Reason Why: _____

Date: _____