

LYNWOOD UNIFIED SCHOOL DISTRICT • PERSONNEL COMMISSION

Classified Personnel • 11321 Bullis Road, Lynwood, CA 90262 • Phone: (310) 886-1609 • Fax: (310) 635-5143

CLASSIFIED RECLASSIFICATION REQUEST QUESTIONNAIRE

1. GENERAL INFORMATION & POSITION DETAILS

Employee Name:		Classification Title:	
Department / Site:		Work Phone:	
Immediate Supervisor:		Supervisor Phone:	
Manager / Administrator:		Manager Phone:	
Start Date in Position:		Total Hours/Week:	
		Work Shift:	
Work Calendar:	☐ 12-Months	☐ 11-Months	☐ 10-Months
	Other:		

SUBMISSION INSTRUCTIONS & REGULATIONS

1. Complete this questionnaire in its entirety. Incomplete forms will be returned and denied review.
2. Submit the completed questionnaire to your Administrator to complete the Comment Section (Page 4)
3. Once both sections are complete, submit the PDF to the Classified Personnel Department for review.
4. Standard open application period for studies is September 1 to November 30 of each fiscal year.

2. BRIEF EMPLOYMENT HISTORY & PRIOR STUDIES

Have you held other position(s) with LUSD? ☐ YES ☐ NO

Past Classification Title	Length of Service	Method Obtained (Check One)		
		☐ Promoted	☐ Reclassed	☐ Other
		☐ Promoted	☐ Reclassed	☐ Other

Participated in district-wide classification study? ☐ YES ☐ NO

Requested an individual position study before? ☐ YES ☐ NO

☐ I was reclassified to: Date:

☐ My request was reviewed but not approved.

3. RECLASSIFICATION REQUEST & RATIONALE

Requested By: ☐ Job Incumbent (Employee) ☐ Position Supervisor ☐ Both

BASIS FOR REQUEST: PLEASE PROVIDE A DETAILED RATIONALE FOR THE RECLASSIFICATION REQUEST

POSITION PURPOSE: DESCRIBE HOW YOUR POSITION IMPACTS DEPARTMENT, DIVISION, OR SITE OPERATIONS

4. LEVEL OF SUPERVISION RECEIVED

Check the option that best describes the level of work direction and supervision given to you by your supervisor:

- ☐ Daily work direction is given, assignments performed with frequent supervision.
- ☐ Weekly or monthly specific work directives are given, long-term assignments received moderate supervision.
- ☐ Follow standardized procedures with little immediate supervision in normal routine of work.
- ☐ Broad assignments, procedure not standardized; usually with little guidance or checking; rarely refer to supervisor except on policy.
- ☐ Organize own work, assign and check work, rarely refer specific problems to supervisor.
- ☐ Under administrative direction, set up own standards of performance; virtual self-supervision.

5. COMPLEXITY, JUDGMENT, AND PROBLEM SOLVING

Check the option which best represents your position's operational complexity and judgment:

- ☐ 1. Work is of a relatively routine nature; requires only the ability to understand and follow instructions.
- ☒ 2. Work involves a choice of action within limits of standard policy and procedures.
- ☐ 3. Work requires judgment in adaptation and interpretation of established practices, procedures, theories and concepts.
- ☐ 4. Work is governed generally by broad instructions involving frequently changing conditions with judgment, initiative, creativity.
- ☐ 5. Work requires ability to plan and perform involved/technical work, deal with complex factors and considerable judgment.
- ☐ 6. Work requires considerable judgment and ability to act independently in formulation of policies/programs for major divisions.

IF LEVEL 3 TO 6 IS INDICATED, PROVIDE A DETAILED DESCRIPTION OF YOUR RESPONSIBILITY AT THAT SPECIFIC LEVEL

6. STRUCTURE OF WORK

Check the option which best represents how structured and difficult your assigned work is:

- | | |
|---|--|
| ☐ 1. Highly structured; limited variety of prescribed practices. | ☐ 2. Generally structured work. |
| ☐ 3. Work is generally diversified and moderately difficult. | ☐ 4. Work is typically difficult and complex. |
| ☐ 5. Work is extremely difficult and complex. | |

IF LEVEL 3 TO 5 IS INDICATED, PROVIDE A DETAILED DESCRIPTION OF YOUR RESPONSIBILITY AT THAT SPECIFIC LEVEL

7. LEVEL OF SUPERVISORY AUTHORITY EXERCISED

Check responsibilities assigned on an on-going basis and specify involvement level: **PI**=Provide Input, **RA**=Recommend Approval, **FA**=Formal Approval

☐ Selection & Hiring Decisions	Involvement (PI/RA/FA):		☐ Work Quality/Quantity Standards	Involvement (PI/RA/FA):	
☐ Performance Evaluation	Involvement (PI/RA/FA):		☐ Plan and Assign Work to Staff	Involvement (PI/RA/FA):	
☐ Evaluate Daily Product	Involvement (PI/RA/FA):		☐ Review Work Product of Staff	Involvement (PI/RA/FA):	
☐ Approve Leaves/Vacations	Involvement (PI/RA/FA):		☐ Assignment Transfer	Involvement (PI/RA/FA):	
☐ Staff Work Timesheets	Involvement (PI/RA/FA):		☐ Disciplinary Action	Involvement (PI/RA/FA):	

Classification Title Under Immediate Supervision	No. of Positions

DESCRIBE THE TYPES OF PROBLEMS REFERRED TO YOU BY YOUR EMPLOYEES

8. EDUCATION, EXPERIENCE, AND CERTIFICATIONS

Highest Education Level: Field of Study:

Select the option that best describes your directly related work experience:

- | | | |
|---|---|--|
| ☐ No experience required | ☐ More than 3 yrs, but < 4 yrs | ☐ More than 7 yrs, but < 8 yrs |
| ☐ More than 1 yr, but < 2 yrs | ☐ More than 4 yrs, but < 5 yrs | ☐ More than 8 yrs, but < 9 yrs |
| ☐ More than 2 yrs, but < 3 yrs | ☐ More than 5 yrs, but < 6 yrs | ☐ More than 9 yrs, but < 10 yrs |
| | ☐ More than 6 yrs, but < 7 yrs | ☐ More than 10 years |

Required License, Registration, Permit, or Certification	Effective Date	Expiration Date

9. COMPETENCIES & OPERATIONAL REQUIREMENTS

JOB COMPETENCIES: SPECIFY THE TYPE OF KNOWLEDGE & SKILLS THAT ARE CRITICAL TO PERFORM.

TOOLS, EQUIPMENT & RESOURCES COMMONLY USED

JOB REPORTS: DESCRIBE THE MOST COMPLEX REPORTS THAT ARE ASSIGNED TO YOU AND THE REPORTING FREQUENCY.

JOB-RELATED COMMUNICATION

Contact Type (External)	Freq

10. POSITION FUNCTIONS & CORE DUTIES

List your core duties/responsibilities currently formally assigned and their frequency. *Do not include temporary assignments, duties performed due to absence of another, or future duties.*

Frequency Codes: D-Daily, W-Weekly/Bi-Weekly, M-Monthly, Q-Quarterly, S-Semi-Annually, A-Annually.

Core Duty Statement	Freq

11. FORMAL CERTIFICATIONS & SIGNATURES

I have read and certify that the position information provided, including attachments, is accurate and complete.

Incumbent Signature: Date:

Immediate Supervisor Signature: Date:

Site Manager/Administrator Signature: Date:

Note: Signatures verify date of formal request. Should a conflict of opinion arise between an employee and supervisor regarding the information provided by the employee, please include an attachment briefly listing the contested issues points [39].

12. SUPERVISOR & SITE MANAGER/ADMINISTRATOR COMMENTS

Please review the employee's responses carefully. If you disagree or if pertinent information is missing, list the section and provide comments below. *Employee work performance will not be considered in the classification review.*

IMMEDIATE SUPERVISOR'S COMMENTS

Immediate Supervisor Signature: Date:

SITE MANAGER / ADMINISTRATOR'S COMMENTS

Site Manager/Administrator Signature: Date:

13. PERSONNEL COMMISSION USE ONLY
☐ APPROVED

☐ DENIED

Classification Title:
☐ NEW CLASS

☐ EXISTING CLASS

PC Meeting Date: