

RECLASSIFICATION QUESTIONAIRE

Name	Department
Current Position/Class	ssification
Current Range on Cla	assified Salary Schedule
Immediate Superviso	r
To request a reclassific by August 1st . □ Reclassificat □ Modified job longer perfo	eview Article 5 Reclassification of the MPCEA/MPC Collective Bargaining Agreementation, complete and submit the following document to the Office of Human Resources ion Questionnaire description. Add new duties indicating with underline or highlight. Delete duties no rmed, indicating with a strikeout.
REASON FOR RECI	LASSIFICATION: Briefly describe the reason(s) you are requesting a reclassification

REPRESENTATIVE DUTIES: List the major and new duties that make up your regular activities in descending order of importance. Indicate the percentage of time spent performing the duties, the frequency, and if the duties are new to your assignment.

% of Time	Description of Job Duties	Frequency
New Duty	<u>-</u>	
1.□ Less than 10%		□ Daily
□ 10% to 25%		□ Weekly
□ 25% to 50%		□ Monthly
□ 50% and more		□ Other
□ New Duty		
2.□ Less than 10%		□ Daily
□ 10% to 25%		□ Weekly
□ 25% to 50%		□ Monthly
□ 50% and more		□ Other
□ New Duty		
-		

% of Time New Duty	Description of Job Duties	Frequency
3. □ Less than 10%		□ Deile
		□ Daily
□ 10% to 25%		□ Weekly□ Monthly
□ 25% to 50%		□ Other
□ 50% and more		
□ New Duty		- D. II
4.□ Less than 10%		□ Daily
□ 10% to 25%		□ Weekly□ Monthly
□ 25% to 50%		□ Other
□ 50% and more		
□ New Duty		- D ''I
5. □ Less than 10%		□ Daily
□ 10% to 25%		□ Weekly
□ 25% to 50%		☐ Monthly☐ Other
☐ 50% and more		- Other
□ New Duty		
6. ☐ Less than 10%		□ Daily
□ 10% to 25%		□ Weekly
□ 25% to 50%		☐ Monthly☐ Other
☐ 50% and more		- Other
□ New Duty		
7. □ Less than 10%		□ Daily
□ 10% to 25%		□ Weekly
□ 25% to 50%		□ Monthly
☐ 50% and more		□ Other
☐ New Duty		
8. □ Less than 10%		□ Daily
□ 10% to 25%		\square Weekly
□ 25% to 50%		□ Monthly
☐ 50% and more		□ Other
□ New Duty		
9. □ Less than 10%		□ Daily
□ 10% to 25%		□ Weekly
□ 25% to 50%		□ Monthly
☐ 50% and more		□ Other
□ New Duty		
10.□Less than 10%		□ Daily
□ 10% to 25%		\square Weekly
□ 25% to 50%		□ Monthly
☐ 50% and more		□ Other
□ New Duty		
11.□Less than 10%		□ Daily
□ 10% to 25%		□ Weekly
□ 25% to 50%		□ Monthly
☐ 50% and more		□ Other
□ New Duty		
12.□Less than 10%		□ Daily
□ 10% to 25%		□ Weekly
□ 25% to 50%		□ Monthly
☐ 50% and more		□ Other
□ New Duty		

% of Time New Duty	Description of Job Duties	Frequency
13.□Less than 10%		□ Daily
□ 10% to 25%		\square Weekly
\square 25% to 50%		□ Monthly
$\hfill\Box$ 50% and more		□ Other
□ New Duty		
14.□Less than 10%		□ Daily
\square 10% to 25%		□ Weekly
\square 25% to 50%		□ Monthly
$\hfill\Box$ 50% and more		□ Other
□ New Duty		
15.□Less than 10%		□ Daily
\square 10% to 25%		□ Weekly
\square 25% to 50%		□ Monthly
$\hfill\Box$ 50% and more		□ Other
□ New Duty		

KNOWLEDGE, SKILLS AND ABILITITES:

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	Describe the	combination of	Halleation	Hyner	ience and	I raining	reallirea t	a nertarm	thic i	10h
1.	Describe the	combination of	Laucanon,	LAPCI	iciice and	Traning	required t	o perioriii	uns	JOU.

2. Describe the most important laws, regulations, policies, procedures, guidelines, etc, required to perform this job.

3. Describe any license, registration, certificate, or professional affiliation required to perform this job.

PHYSICAL AND ENVIORNMENTAL FACTORS:

4. List the equipment and software that is required to perform this job.

	IONAL COMMENTS: Provide any additional information you believe will be helpfunding your job and how it functions within the college.	ul in
8.	3. Describe the way in which your work is assigned and reviewed, and the frequency a guidance provided by others and/or your supervisor.	and type of
•		•
7.	7. Describe the types of decisions you refer to others and/or your supervisor.	
	NSIBILTIY AND DECISION MAKING: 5. Describe the types of decisions you make without the approval of your supervisor.	
DONI	NCIDII TIN AND DECICION MAIZING.	
	performing this job.	

Employees are encouraged to discuss reclassification requests with their immediate supervisors. Submit your completed documents to the Office of Human Resources by August 30th to be considered. The Office of Human Resources will forward the documents to your supervisor for comments.

SUPERVISOR'S COMMENTS

Instruction: Please review the reclassification questionnaire and revised job description. Complete this section and forward to the next level administrator for review after completing.

1.	What do you consider the most important duties of this job?
2.	What do you consider the most important qualifications of any employee in this job?
3.	Does the questionnaire accurately describe the job at its fully competent and effective levels? ☐ Yes ☐ No If the answer is no, describe how you would modify the information provided.
4.	Does the revised job description accurately reflect current job duties and any changes? □ Yes □ No If the answer is no, describe how you would modify the information provided.

<i>A</i> 2	Agreement, have the job duties substantially and permanently claffecting the range on the classified salary schedule? Please exp Yes No	nanged to warrant a reclassification
6. I	Provide any comments or information that will be helpful in rev	iewing this request.
current production work be	ead the proposed job description and understand that the incumb position because they believe that the work has significantly chans as stated in the revised job description, along with any commoning performed, are appropriate to the level of service the depart and objectives.	anged and warrants a review. The ents indicated above, clearly define the
Supervis	sor's Signature	Date

1 st Level Administrator Review				
1. I have reviewed the updated job description and concur with the changes as indicated by the employee.				
□ Yes				
□ No If no, attach a statemen	t with your signature to this form.			
2. I have reviewed the updated job description and concur	r with the supervisor's comments.			
\Box Yes				
	t with your signature to this form.			
3. I have read the proposed job description and concur that	at the work as described is appropriate to the			
level of service that will be provided and supports colle	ege goals and objectives.			
\Box Yes				
□ No If no, attach a statemen	t with your signature to this form.			
Dean/Vice President Signature	Date			
Forward to Vice Describent if Dean is 1st level Administrate	for vorious			
Forward to Vice President if Dean is 1 st level Administrato 1 st Level Administrator Review	r for review			
	r with the abangue as indicated by the			
 I have reviewed the updated job description and concur employee. 	with the changes as indicated by the			
□ Yes				
=	t with your signature to this form.			
2. I have reviewed the updated job description and concur	· ·			
□ Yes	with the supervisor's comments.			
	t with your signature to this form.			
3. I have read the proposed job description and concur that				
level of service that will be provided and supports colle	** *			
□ Yes	age godis and objectives.			
=	t with your signature to this form.			
110 II no, attach a saacinch	t with your signature to this form			
Dean/Vice President Signature	Date			
Forward to the Office of Human Resources				