



## Classification Questionnaire

Name (Last, first)	Date completed
Current Job Title - Classification	Work Location (School/office/department)
<b>Please check which type of request this is and complete classification title</b>	
<p>_____ This request is to change from current classification to: _____</p> <p>_____ This request is to initiate a new classification not currently in the District. The new recommended classification is: _____</p>	
Current Salary Classification Level (Grade and Step)	Requested Salary Classification Level (Grade and Step)
Current Bargaining Unit	Proposed Bargaining Unit (if applicable)
Name and Title of Immediate Supervisor	Name and Title of Next Highest Supervisor or Administrator
Number of contracted work days per year	How Long Have You Worked in This Position?

\_\_\_\_\_  
**Employee**

\_\_\_\_\_  
 Date

### **Authorizations**

\_\_\_\_\_  
**Union Leadership**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

(signature acknowledges a review of this document as well as support for the request)

Please Note: Having funds available is not a requirement for an evaluation and the result of the evaluation will not be dependent upon available of funds in your current budget.

I have reviewed this application and the classification questionnaire on the back of this form. I have made revisions and/or additions if appropriate. I attest that these documents accurately reflect the functions, duties and responsibilities assigned or performed in the position. I approve this application for reclassification review.

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
 Date

List the new duties/functions/responsibilities now performed in this position that are the basis for this request and were not a part of the position when the current employee was first assigned to it. Please attach a copy of your current job description that you are referencing. Note the percentage of time spent on each.

What major responsibilities have been added to your position? (add additional sheet if needed)	% of Time
<b>What major responsibilities have been deleted from your position?</b>	
<b>Have these duties been included in other positions</b> _____ <b>Yes</b> _____ <b>No</b> <b>If yes, list positions</b>	
<b>Why are the duties and responsibilities changing?</b>	
<b>What other positions in the District do you perceive as being comparable to yours? Why?</b>	

Requests for reclassification will only be received in the month of February. Classification Questionnaires received outside of the month of February will not be considered. Decisions will be made and communicated to the employee and union during the month of March. Any wage increase associated with the reclassification will be effective retroactive to the first working day in January of that same calendar year, if applicable.

Received by Human Resources on: \_\_\_\_\_ Signature: \_\_\_\_\_