

CLASSIFICATION REVIEW FORM**PART I – To be completed by Originator**

Position working title:

Department:

Employee in this position:

Current Classification:

Proposed Classification:

 I currently do not find an existing classification in place.I am requesting Classification review of an existing position
 Classification of a new position

The core duties of this position have changed, as follows, since the previous Job Description Questionnaire was prepared and submitted to Human Resources for review (omit for new position.)

I have attached the following required materials:

- New Classified Job Description Questionnaire
- Current departmental organization chart showing this position

Signature of Originator: _____**Date:** _____**PART II – to be completed by the Division Chair/Department Manager**

Please explain any inaccuracies or incomplete items in the Originator's statement, particularly in regard to duties and responsibilities. (This statement is NOT required if the Division Chair/Department Manager/Supervisor is the Originator.)

Division/Department Chair's signature: _____ **Date:** _____

PART III – To be completed by the Division Chair/Department Manager
Notification to the Associate Vice President or Vice President required

I have notified the Associate/Vice President that this reclassification request has been submitted.

Division/Department Chair's signature: _____ **Date:** _____

PART IV – To be completed by Associate Vice President or Vice President

AVP/VP's action:

- Agree with employee/supervisor's statements regarding this reclassification request.
- Request additional review explanation attached:

Vice President's signature: _____ **Date:** _____

PART V – To be completed by Human Resources

LCCEF Notified on: _____

Human Resources action:

- Approve change in classification to: _____
- Change in classification not approved.

This position was not allocated to the classification requested for the following reason(s):

Classification specialist's signature: _____ **Date:** _____

PART VI – To be completed by Human Resources

Date of Notification to employee: _____ By: _____

Appeal form sent.

Appeal Due back to Human Resources by: _____

CLASSIFIED JOB DESCRIPTION QUESTIONNAIRE

GENERAL INSTRUCTIONS

This questionnaire is designed to collect information about the duties, responsibilities and required qualifications of all classified unit positions at Lane Community College. Please be frank and thorough in providing the information requested.

Before you begin filling out the questionnaire, please read it all the way through at least once. Once you begin, please write legibly. If you need additional space for any answer, feel free to attach additional sheets.

- Parts A-L: To be completed by the employee in the position. If the position is vacant, to be completed by the manager.
- Part M: To be completed by the manager who directly supervises this employee. If a lead worker provides day-to-day supervision of this employee, the manager is asked to review Parts A-L with the lead worker before completing this section.
- Part N: To be signed by the employee and the management supervisor after Parts A-M are reviewed by both parties.
- Part O: To be signed by the branch vice-president, the employee and the management supervisor after they meet to discuss any differences of opinion about the employee's job description. Leave blank if there is no disagreement about the job description.
- Part P: For Human Resources use.

PART A: GENERAL POSITION INFORMATION

Employee name: _____ Dept: _____

Job title: _____

Current classification: _____

Immediate supervisor: _____

Supervisor reports to: _____

Normal work days: Su M T W Th F S

Normal shift: _____ Annual FTE: _____

How long have you been in this position? _____ At LCC? _____

PART B: FUNCTION/PURPOSE

Describe the primary purpose of this position in one or two sentences. The purpose should explain WHY this position exists, not WHAT you do. For example, a custodian in a college dormitory may clean, dust and make beds, but the PURPOSE of these activities is to provide the student with a clean and orderly place to live and study.

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PART C: DUTIES

1. List and describe each duty that you perform on your job, explaining WHAT you do and HOW you do it. For example, a secretary may "Type form letters to job applicants using word processing," or a custodian may "Vacuum and clean carpets using vacuum cleaners and carpet shampooing machines." In the column to the left of the duties, rank in order of importance, each duty or group of duties (1 = most important). Several duties may be ranked the same. In the column to the right, estimate the percentage of time you spend on each duty each year. This is only an estimate, but the percentages should add up to 100%.

RANK	DESCRIPTION OF DUTIES	ANNUAL % OF TIME

2. What do you consider the most difficult or demanding part of your job? Please explain what makes it difficult or demanding.

3. Does anything in PART C: DUTIES need further explanation?

PART D: WORK CONTACTS

List below all regular job-related contacts. You may wish to list contacts by title ("Degree Evaluation Clerk, U of O") or by a general description ("computer equipment vendors"). It is not necessary to list routine contact you have with other employees within your department. Please explain the general purpose of each contact and estimate the frequency ("daily", "once a month", etc.).

1. CONTACT WITH EMPLOYEES WITHIN YOUR DEPARTMENT

WHO	PURPOSE	HOW OFTEN

2. CONTACT WITH LCC EMPLOYEES OUTSIDE YOUR DEPARTMENT

WHO/DEPT	PURPOSE	HOW OFTEN

3. CONTACT WITH OTHER ORGANIZATIONS, BUSINESSES, AGENCIES

WHO/BUSINESS	PURPOSE	HOW OFTEN

4. CONTACT WITH STUDENTS

PURPOSE	HOW OFTEN

5. CONTACT WITH OTHER MEMBERS OF THE PUBLIC

WHO	PURPOSE	HOW OFTEN

PART E: DECISION MAKING

1. Choose the description that explains the supervision you receive. Check one description only; consider the job as a whole.
- How to perform tasks is explained in specific term; details of the tasks are reviewed by a supervisor when work is in progress and when it's done.
 - How to perform tasks is outlined or explained in general terms; work is reviewed by a supervisor at regular intervals when work is in progress and when it's done.
 - How to perform tasks is usually left to my judgment with a supervisor giving occasional instructions, advice and decisions; work is reviewed occasionally while work is in progress and when it's done.
 - How to perform tasks is my responsibility so long as work is performed according to established policies or as outlined by rules and regulations; work is reviewed only periodically to assure conformance with established policies and to measure results.
 - How to perform tasks is largely left to my discretion; I have considerable freedom to interpret and apply policies, rules and regulations; performance is measured mainly by the results.

2. **What kinds of decisions do you refer to your supervisor or lead worker?**

3. **What kinds of decisions do you make without referring to your supervisor or lead worker? What is the impact if you make the wrong decision?**

PART F: GUIDELINES USED IN YOUR WORK

List any established guidelines used to do this job, such as state or federal laws or regulations, policies, written procedures, standards or trade practices. (Example: Financial Aid regulations; written procedures for cleaning bathrooms.)

PART G: LEAD WORKER/SUPERVISORY DUTIES

1. List the names and titles of persons you directly supervise. If any of these persons are Work Study students (WS) or volunteers (V), check the appropriate box.

NAME	TITLE	WS	V

2. Which of the following supervisory duties do you perform?

- Plan work
- Assign work
- Approve work
- Instruct in work methods/procedures
- Determine priorities
- Set work schedules
- Approve work methods and procedures
- Determine staffing requirements to accomplish work
- Approve leave requests
- Monitor leave reports
- Orient new employees
- Other:

PART I: VEHICLES, MACHINES, TOOLS & EQUIPMENT

List any vehicles, machines, tools or equipment you use in your job. Show the frequency of use (daily, weekly, monthly, etc.) and the amount of time spent using each item (1 hour per day; 1 hour per month, etc.). If you are responsible for maintaining or repairing any of this equipment, be certain that you have listed that activity in PART C: DUTIES.

VEHICLES, MACHINES, TOOLS & EQUIPMENT OPERATED	FREQUENCY OF USE	AMOUNT OF TIME

PART J: FINANCE AND BUDGET RESPONSIBILITIES

Check the statement which best describes your responsibilities:

- This position has no budget or finance responsibilities.
- This position gathers information for use in budgeting and financial processes.
- This position analyzes and interprets budget and financial data under supervision of a supervisor.
- This position develops budget recommendations for a supervisor for the [] unit of the [] department (fill in the blanks).

PART K: ADDITIONAL INFORMATION

Is there anything else that we should know about your job?

PART L: EMPLOYEE CERTIFICATION

I certify that the statements and responses that I have provided above are accurate and complete to the best of my knowledge.

Employee signature: _____ Date: _____

PART M: SUPERVISOR'S COMMENTS

1. Do you agree with the employee's statements in this questionnaire? Yes No If no, please explain.

2. What do you consider to be the most important duties and responsibilities of this position?

3. Indicate the minimum qualifications for a new employee in this position. Keep the position in mind rather than the qualifications of the current employee.

Education:

Experience:

Licenses, Certificates,
Registrations:

Knowledge, Abilities
Skills:

Physical Requirements:

Other:

4. List the names and titles of other employees under your supervision who have the SAME duties and responsibilities.

5. I certify that the statements and responses I have provided above are accurate and complete to the best of my knowledge.

Supervisor signature: _____ Date: _____

PART N: RESULTS OF EMPLOYEE/SUPERVISOR REVIEW

Check the appropriate statement:

- We have met to review the completed questionnaire and agree that the information provided by the employee, together with the supervisor's statements, gives an accurate description of the principal duties and responsibilities of this position. We have agreed to the following changes:

- We have met to review the completed questionnaire and do not agree that the information provided by the employee, together with the supervisor's statements, gives an accurate description of the principal duties and responsibilities of this position.

Employee signature: _____ Date: _____
 Supervisor signature: _____ Date: _____

PART O: RESULTS OF VICE PRESIDENT'S MEDIATION

CHECK THE APPROPRIATE STATEMENT:

- We have met to discuss the completed questionnaire and have agreed to the following changes:

- We have met to discuss the completed questionnaire and have been unable to agree upon a job description.

Employee signature: _____ Date: _____
 Supervisor signature: _____ Date: _____
 Vice President signature: _____ Date: _____