

INSTRUCTIONS FOR COMPLETING AN ELECTRONIC RECLASSIFICATION REQUEST PACKET

- This is the Electronic Reclassification Request Packet. Please do not delete or change text from this document.

- To enter information, "click" into the appropriate box and start typing. The row height will expand to accommodate all of your text. To enter another row simply hit the tab with the cursor in the last cell of the table.

- Once you have completed your portion of the document:
 1. Print the document
 2. Sign where indicated (ORIGINAL SIGNATURES REQUIRED)
 3. Submit completed document to your immediate supervisor by due date.

POSITION CLASSIFICATION QUESTIONNAIRE - PCQ

Last Name		First Name		Department	Budget Unit
Division & Section	Work Number	Immediate Supervisor Name & Title		Supervisor's Phone Number	
Work Address			Work Hours	E-Mail Address	
Current Classification			Requested Classification		

1. Describe the general purpose of your position in one sentence:

2. Describe the work you do. Use your own words and make your description so clear that persons unfamiliar with your work can understand what you do. Give your complete work assignments over a long enough period of time to picture your job as a whole. Show the time spent on different duties as percentages in the right-hand column, e.g., as 75% of your time.
(Enter first task and corresponding time spent then hit tab to add new row.)

Task Performed	% of Time Spent on Task
TOTAL = 100%	

3. Give the names & class titles of employees you supervise. If you supervise no employees, write "NONE".

4. List machines or equipment used regularly in your work and how often you use them.

5. List computer applications that you use on a regular basis in your work and how often you use them.

6. What is the nature & extent of instructions you receive regarding your work? How detailed are these instructions? For example, you may have had instructions only when you were new on the job, or you may get special instructions with each new task.

7. What is the nature & extent of the check or review of your work? For example, are there automatic checks by other offices or procedures that catch errors you might make?

8. Describe your contacts with departments other than your own, with outside organizations and with the general public. Explain the nature and purpose of contacts you have with people other than co-workers. Is the purpose to obtain or give information, to persuade others, or to obtain cooperation? What problems & difficulties are involved?

9. Read the "Definition" and or the "Distinguishing Characteristics" of your position's current job specification and rewrite them to more closely describe your job.

10. Read the Typical Tasks of your position's current job specification and rewrite them to more closely describe your current job duties.

11. What knowledge and abilities are required to perform the tasks that you have described.

12. Explain in detail why you believe that a reallocation is warranted. For example: has the position become more responsible due to reorganization, change in job requirements, etc.

CERTIFICATION: I certify that the above answers are my own and are accurate and complete:

Employee's Signature: _____

Date: _____

Submit this Position Classification Questionnaire to your immediate supervisor.

CONFIDENTIAL STATEMENT OF IMMEDIATE SUPERVISOR

1. Review the employee's statements and give your opinion of their accuracy and completeness. Is it a good description of the position? Is it a full picture of the duties and responsibilities? Are the duties overstated or understated? Has emphasis been put on the wrong points? Do not make any alterations or changes to the employee's statements.

2. What do you consider the most important duties of this position?

3. If you were recruiting for this position, what minimum qualifications would be required; e.g. education, training, licenses, experience?

4. In your own words, list the knowledge, skills and abilities needed for successful performance of this position.

5. List the name and the job classification of other employees, under your supervision, performing the same duties at the same level of difficulty/skill as the employee submitting this request.

6. Has the employee received work out of classification (WOOC) pay, if so, when and for how long?

Immediate Supervisor's Signature: _____

Date: _____

Filename: PCQ-All Purpose-e.doc
Directory: C:\DOCUME~1\ADMIN\LOCALS~1\TEMP
Template: C:\Documents and Settings\Admin\Application
Data\Microsoft\Templates\Normal.dot
Title: CLASSIFICATION STUDY REQUEST PACKET
Subject:
Author: Staff Member
Keywords:
Comments:
Creation Date: 12/24/2002 8:16 AM
Change Number: 10
Last Saved On: 9/14/2005 2:13 PM
Last Saved By: ESA_Def_User
Total Editing Time: 46 Minutes
Last Printed On: 9/13/2006 10:38 AM
As of Last Complete Printing
Number of Pages: 5
Number of Words: 828 (approx.)
Number of Characters: 4,726 (approx.)