

DIXON UNIFIED SCHOOL DISTRICT
RECLASSIFICATION QUESTIONNAIRE

The questions in this packet are used to collect detailed information from employees about their jobs to determine the correct classification for their jobs. It is extremely important for you to fill out the Part A of the questionnaire completely and accurately with the detail of your current job duties.

Following your completion of the questionnaire, please forward the packet to your supervisor to complete and sign Part B. Your supervisor will review the information for content and accuracy. The questionnaire will then be forwarded to Human Resources for review.

You should keep a copy of the final document for your records. If at any time you have questions or require assistance to complete the questionnaire, please contact your supervisor or Human Resources for assistance.

RECLASSIFICATION QUESTIONNAIRE – Employee Summary – PART A

A. BASIC INFORMATION:

1. Name _____
 2. School Site/Department _____
 3. Current Supervisor's Name and Title _____
 4. Your Present job title _____
 5. Hours per day _____ 6. Current # of Work Days Per Year: _____
 6. Beginning date in current classification _____
 7. Reclassification title and range requested _____
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8. **Attach your current job description to this packet. Current job descriptions can be found on the District's website under "Human Resources">"Documents".**

9. Indicate how you receive the **majority** of your work assignments related to this request.
(please check one)

____ Work is assigned by supervisor who tells me how it is to be done.

____ Work is assigned by supervisor, but I decide how to complete it.

____ I have responsibility for certain duties, and I know when and how to do them.

____ I determine what work to do and how to do that work.

B. JUSTIFICATION FOR REVIEW

10. What duties do you perform and/or what responsibilities have changed or been assumed in your present position that lead to this request for a reclassification? (Use additional paper if necessary.)

B. JUSTIFICATION (Continued) . . . (Please use additional paper if necessary.)

15. What new skills does your current position now require that are different from your job title? Please give examples:

16. What new duties are involved or developed by the position and how are they carried out? Please give examples:

17. Please list any certifications, licenses, trainings that you possess that are related to your position OR that you feel are necessary for your position.

18. Please list any trainings that have been assigned by the supervisor that are outside the scope of your current job description:

EMPLOYEE SIGNATURE

DATE

RECLASSIFICATION QUESTIONNAIRE - Supervisor's Statement and Input – PART B

SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____

Employee Name: _____

Current Classification: _____

1. Have you carefully reviewed the employee's completed Form A and does it accurately reflect the duties of the employee? Yes No
2. If no, please explain your concerns, making reference to the numbered item in the application. (Please do not change information in the application.)

3. Are there any additional duties that you see as a supervisor which were omitted by the applicant that need to be considered?

4. If the employee is performing work which justifies an upward reclassification or creation of a higher level position, do you anticipate an ongoing need for that work or is that work temporary in nature? Please explain:

5. Have you discussed this information with this employee? Yes No

Supervisor Recommendation:

- Recommend Reclassification
- Create New Job Classification
- No Action Necessary
- Compensate Out Of Class Work Temporarily as Need is Not Permanent

SUPERVISOR'S SIGNATURE

DATE