



REQUEST FOR CLASSIFICATION REVIEW

Instructions: This form can be completed by either an employee seeking a reclassification or by a supervisor on behalf of an employee.

PART I: BACKGROUND INFORMATION

Skyline College College of San Mateo Cañada College District Office

Employee Name: _____ G #: _____

Employee Telephone: _____ Employee E-mail: _____

Requested Job Classification: _____ Current Job Classification: _____

Division/Dept: _____ Immediate Supervisor: _____

Supervisor Telephone: _____ Supervisor E-mail: _____

New job duties have now become a regular part of the employee's work due to: (check all that apply)

Division/department reorganization Newly-assigned projects

Other (specify): _____

These new job duties were added effective (date): _____

Please explain why the employee started performing the new job duties and whether or not the employee's supervisor was aware that such job duties were outside of the employee's current classification.

Requestor: _____

Requestor Signature: _____

Date: _____

JOB ANALYSIS QUESTIONNAIRE

PART II: JOB DUTIES ASSIGNED

The purpose of the classification review is to focus on the work that is regularly assigned to a position and how this work has significantly changes from the work described in the current job description for the position. Please refer to the job descriptions for your current classification and the requested classification to help describe the employee's job duties.

You will be asked to rate each primary job duty for frequency using the codes below. You should list all of your primary job duties, beginning with the most important first. You need not include any items which account for less than 5% of your total time, unless it is a critical part of the position.

FREQUENCY:

CODE:

Performed once or more daily
Performed once or more weekly
Performed Occasionally

D
W
O

FREQUENCY:

CODE:

Performed once or more monthly
Performed once or more yearly

M
Y

A.	Job Description – Current Classification	Duties Performed	Frequency
1.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
8.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
9.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
10.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

B.	Job Description – Requested Classification	Duties Performed	Frequency
1.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
8.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
9.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
10.			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

PART III: KNOWLEDGE, SKILLS AND ABILITIES REQUIRED

For each of the primary job duties listed in **PART II-B**, please list the knowledge, skills and abilities that are:

- ◇ **Necessary** for successful performance of that job duty
- ◇ **Not learned** in a brief training or orientation session (one week or less), and
- ◇ **Required by the job**, not ones that are acquired “on the job”

Definitions (KSAs):

Knowledge: a body of information, applied directly to the performance of a function or job duty (e.g., knowledge of accounting principles)

Skill: a physical activity and competence to perform a learned activity (e.g., creating a variety of spreadsheets to report researched data)

Ability: the potential to competently perform an observable duty which usually results in an observable product (e.g., prepare clear and concise reports in final form)

KNOWLEDGE, SKILLS AND ABILITIES FOR DUTIES LISTED IN PART II-B:

Essential Job Duties	KSA	Part of KSAs for Requested Classification? (HR USE ONLY)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

PART IV: SPECIAL REQUIREMENTS

Licenses/Certificates

List below any special licenses or certificates that are required for the Request Classification and whether or not the employee has them.

License/Certificate	Employee Possess
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Equipment

List below any key equipment required in the regular course of performing the major duties of the Requested Classification. Rate each one using the same frequency code used in PART III (**D, W, M, or Y**):

Equipment Type	Frequency
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasional <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

PART V: SUPERVISION RECEIVED

Please identify the appropriate level of supervision received by the employee in the current position: (check the one that most often applies)

- ___ **Immediate Supervision:** the employee works in the presence of his/her supervisor or in a situation of close control and easy reference. Work assignments are given with explicit instructions, or are so routine that few, if any, deviations from established practice are made without checking with the supervisor.
- ___ **General Supervision:** assigned duties require the exercise of judgment or choice among possible actions, sometimes without clear precedents and often with concern for the consequences of the action. The employee may or may not work in proximity to his/her supervisor.
- ___ **Under Direction:** the employee receives general instructions regarding the scope of and the approach to projects or assignments, but procedures and techniques are left to the discretion of the employee. Employees are expected to operate with a reasonable degree of independence.
- ___ **General Direction** (For management classifications only): the employee is responsible for a program or function(s) and is expected to carry out necessary activities without direction except as new or unusual circumstances require.

PART VI: SIGNATURES¹

Requestor (required): _____ **Date:** _____

Immediate Supervisor (optional): _____ **Date:** _____

Org Administrator (optional*): _____ **Date:** _____

Chief Executive Officer (optional*): _____ **Date:** _____

***These signatures are required if the Request is anyone other than the employee to be reclassified.**

COMMENTS: _____

¹ Signatures of individuals other than the requestor indicate that the request has been reviewed and the signatory supports the request.
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REVIEW STATUS: Completed by Human Resources

Document Received by Human Resource on: _____

The chief executive officer and related administrators were contacted on: _____ regarding this request for classification review.

Actions taken on this request:

___ Written information requested from responsible managers on: _____

___ Desk Audit scheduled on: _____ with: _____

___ Interview scheduled on: _____ with: _____

___ Supplemental written information requested on: _____ from: _____

Decision: **Approved** **Denied**

Provide brief statement of reasons if denied:

Signature: _____

Name: _____

Title: _____