



Division of Personnel Services

Reclassification Request Questionnaire

Name: _____ Class Title: _____

Name of Dept./Division: _____ Work Telephone Number: _____

Work Day Begins At: _____ Ends: _____ Total Hours Per Day: _____ Month _____

Length of Time in Present Position: Years: _____ Months: _____

Have you ever formally requested that your position be studied for reclassification? Yes No

Have you ever formally requested that your position be studied for reclassification? Yes No

If yes, when? _____

If yes, when?

Briefly describe the reason(s) you believe your position should be reclassified:

In your opinion, how long have you been working out of class?

What new classification (position title) are you proposing, if any?

Employee Signature: _____ Date: _____

The following questions are to be answered by the first level management supervisor of the employee preparing this request. Use separate sheets to answer any of the questions, if necessary.

Have you reviewed the job description and discussed this request with the employee? Yes No

Considering only the duties and responsibilities of this position and not the incumbent(s), do you feel that it is properly classified at present? Yes No

If no, in what specific ways do you believe it is inconsistent with the job description and/or normal duties of other positions within the classification?

How did the incumbent accrue the additional job duties?

Is it necessary for the incumbent to continue the additional job duties?

What do you think would be an appropriate title and range for the duties and responsibilities currently performed by the incumbent?

Management Supervisor Signature: _____ Date: _____

TO SUPERVISOR: Please forward this reclassification request to your Director and Division Head.

REVIEWED BY: (Please sign)

Director: _____ Date: _____

Division Head: _____ Date: _____

Please forward this reclassification request to Personnel Services.

This Section completed by Personnel Services:

- After review of this request, I do not recommend a formal classification study be conducted at this time.
- After review of this request, I recommend a formal classification study be conducted.
- Other, please see attached comments.

Division Head: _____ Date: _____