

POSITION CLASSIFICATION QUESTIONNAIRE

Per Personnel Rule 303.02(a), either an agency appointing authority or full-time employee may submit a request for reclassification.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information on this form is used to determine the proper classification of the position.

EMPLOYEE INFORMATION / SUMMARY OF REQUEST

Employee or Authorized Submitter completes this section and notifies Human Resources prior to proceeding.

Name of employee (Last, First, M.I.):	
Department/Agency:	
Division:	
Bureau:	
Section/Unit:	
Work address:	
Work hours:	
Name, classification, & labor grade of immediate supervisor:	
Current Title/Labor Grade:	
Requested Title/Labor Grade:	
<p><i>If you are an employee submitting this request to the Division of Personnel on your own, have you discussed it with your supervisor, other management, and/or your HR office?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </p> <p><i>If "Yes", provide dates and responses.</i></p>	

AGENCY HR and BUSINESS OFFICE DESIGNEES COMPLETE THIS SECTION.

POSITION REQUEST DATA WORKSHEET - Please note all changes that apply, to assist with work unit entry

Position Number (Short Description):	
Requested Job Description/Class Code:	
New Org Unit Code/Description:	
New Supervisor Position #/Title:	
New Location Code/Description:	
Requested Step & Grade Schedule:	
Requested Salary Grade:	
Requested Union Change:	
Exempt from Overtime? (Yes or No):	
FUNDING 	
Approximate cost of reclassification:	
Funding source by % (Fed, Gen, Other):	
Budget string:	

ORGANIZATIONAL CHARTS

Please insert or attach a copy of both a current and proposed organizational chart showing the position and its relationship to other positions in the agency. Please show position numbers and proper class titles for all positions shown on the organizational chart.

Part A: DESCRIPTION OF REQUEST

The following describes this reclassification request – please check all that apply: 

- Vacant Pending vacancy – Effective date:
- Filled Transfer

The reclassification is being requested due to: 

- Permanent change in responsibilities due to reorganization
- Permanent change in responsibilities due to reduction in staff
- Change in Statute or Administrative Rules impacting essential work functions
- Permanent changes identified during SJD review
- Recruitment challenges
- Other:

NOTE: It is not appropriate to use the reclassification process to compensate for: merit (i.e. to reward employee); increased cost of living or other changes in economic conditions; or increased volume in the same work duties.

Part B: JUSTIFICATION FOR REQUEST

What precipitated the permanent change in the duties of this position to necessitate the review of this position? Please be specific. (Examples: legislation, reorganization, budgetary, etc.) Are there Special Qualifications and/or Special Requirements that are now necessary for this position? 

ORGANIZATIONAL CHANGES 

If there is a proposed change in the organizational structure, such as a change in where this position is located, who it reports to, and/or who reports to it, explain what is changing and why. How does this change impact this position, and how does it relate to your agency's goals, objectives, and structure?:

If position is being transferred: Check to affirm that this transfer is related to job functions and does not have as its basis a punitive intent.

Part B-Justification for Request prepared by:

- Employee Supervisor Human Resources contact

Part C: CURRENTLY APPROVED SJD

1. Insert or attach the **approved supplemental job description** currently on file with the agency Human Resources office, which should indicate review by the Division of Personnel.
2. **Are there new or expanded duties that are not listed on the currently approved SJD? Please list them here:** 
3. What position(s), if any, previously performed the new duties listed above?
4. On the currently approved SJD, are there duties that are no longer performed? Please list them here along with an explanation:

Part D: REVISED (PROPOSED) SJD

1. Is this a **VACANT** reclass request using an **IDENTICAL** previously approved SJD for a position of the same classification title? 
 Yes - *Insert or attach the proposed supplemental job description and proceed to Part F.*
Position number of identical position(s) (# or GROUP):
 No - *Proceed to Step 2.*
2. Insert or attach the **revised (proposed) supplemental job description** which describes duties *presently* being performed, or anticipated to be performed in the case of a vacant position. Accountabilities should summarize tasks being performed, for whom, and for what reason/end result. **On the proposed SJD, assign a percentage of time to each accountability and include it on the SJD next to each duty.** The recommended percentage of time dedicated to performing each accountability typically ranges from 5-15%, totaling 100% when all percentages are combined. SJDs may have up to ten (10) accountabilities listed. 

Quick reference for qualification requirements on an SJD:
 - **MINIMUM QUALIFICATIONS** (Education, Experience, License/Certification) must align with the class specification for the requested title.
 - **PREFERRED QUALIFICATIONS** (optional) are preferred but not required to qualify for the position.
 - **SPECIAL QUALIFICATIONS** (optional) include additional education and experience required to qualify for the position.
 - **SPECIAL REQUIREMENTS** (optional unless listed on class specification) include all additional requirements listed on the class specification or necessary to the agency.
 - **RECOMMENDED WORK TRAITS** (optional) are recommended but not required for hire, and are contained on the class specification.

- PREFERRED WORK TRAITS (optional) are preferred but not required for hire, referred to as KSA's – knowledge, skills, abilities - and developed by the agency.

For more information on creating and revising SJDs, please click here to access the presentations on the “Power of the SJD”: [View the Helpful Info, Tips and Tools tab in the Classification section on Sunspot](#)

Part E: DETAILED INFORMATION ABOUT THE POSITION 

1. If applicable, please explain the supervisory responsibilities of this position within the agency, to include partial or complete supervision of subordinates, staff, contractors, programs, teams, etc. Please also list titles and positions numbers of direct reports.

2. Please describe the type of environment the person in this position spends the most time in during the work day. What kinds of surroundings is the person in this position exposed to in performing their required job duties?

3. Please describe the level and frequency of physical activity required in performing the day-to-day job functions.

4. Please list some examples of problems the person in this position is required to solve on their own. Has the expectation of problem-solving in this position changed in recent years? If so, how?

5. Please describe the supervisor's oversight of this position. How closely and how often is work product reviewed by the supervisor? Are job assignments prioritized by the supervisor or employee? What kinds of decisions are referred to the supervisor?

6. Please describe the types of decisions made by the person in this position and specify who or what is affected by those decisions. Are there specific guidelines used such as state or federal laws, regulations, policies, etc.?

7. If a mistake is made by the person in this position, what are the consequences at the agency (i.e. report data is incorrect, other employees are prevented from doing their work accurately, clients or residents harmed, mechanical breakdown, agency funding or reputation jeopardized, agency services disrupted, non-compliance with federal requirements, risk to public safety)?

8. Is there anything else you would like the Division of Personnel to know about this position which has not already been asked?

Part F: EMPLOYEE ACKNOWLEDGEMENT



Vacant Position (*Human Resources – please check if applicable and proceed to Parts G, H and I.*)

I hereby certify to the best of my knowledge that the information provided regarding my position is complete, concise, and factual.

Employee's signature

Current Class Title

Date

Confidential

For HR/Management Use ONLY



Part G: SUPERVISOR RESPONSE



I have reviewed the information contained within this request and offer the following recommendations and/or comments:



- I agree with the request as submitted.
- I propose the alternative title and labor grade of:
- I request the Division of Personnel determine the appropriate title and labor grade.
- I recommend no change.
- Comments:

I hereby certify to the best of my knowledge that the information provided regarding this position is complete, concise, and factual, except as noted above.

Supervisor's signature

Title

Date

Part H: AGENCY HUMAN RESOURCES OFFICE RESPONSE



AGENCY-LEVEL COMPARISON

- ❖ Are there other positions within your agency performing similar work?

- ❖ If so, please list their class titles and positions numbers.

- ❖ Please also attach a copy of their Supplemental Job Descriptions.

AGENCY IMPACT

- ❖ How will a change in this position affect other positions within the organization? Will the supervisor be affected? Will adjoining positions be affected?

- ❖ Would a change in class title give cause for a request to reclassify other positions?

I have reviewed the information contained within this request and offer the following recommendations and/or comments: 

- I agree with the request as submitted.
- I propose the alternative title and labor grade of:
- I request the Division of Personnel determine the appropriate title and labor grade.
- I recommend no change.
- Comments:

HR Representative's signature

Title

Date

Part I: AGENCY APPOINTING AUTHORITY (DEPARTMENT HEAD OR DESIGNEE) RESPONSE 

I have reviewed the information contained within this request and offer the following recommendations and/or comments:

- I agree with the request as submitted.
- I propose the alternative title and labor grade of:
- I request the Division of Personnel determine the appropriate title and labor grade.
- I recommend no change.
- Comments:

Appointing Authority's signature

Title

Date