

Spokane Public Schools

REQUEST FOR CLASSIFICATION REVIEW SPOKANE PUBLIC SCHOOLS

Classification Review Questionnaire Employee Instructions

A classification review request may be initiated by an employee or his/her supervisor. Classification reviews will be conducted in accordance with the collective bargaining agreement.

The classification review request will be considered when the following items are submitted: *(You may submit additional information by attaching pertinent documents to this form.)*

Your packet is ready to submit when:

ÿ ***Incumbent(s) has completed section I and II.***

ÿ ***The revised job description is attached. (You may edit it or retype it.)***

ÿ ***Immediate supervisor has completed section III and IV.***

A copy of the questionnaire was submitted to the immediate supervisor on _____ and was not returned to the incumbent(s) from the Department/Division administrator within 15 working days.

ÿ All incumbents have been notified of this request. *(You may skip this step if your responsibilities and duties are significantly different than other incumbents in the position.)*

Please forward this questionnaire to your immediate supervisor for completion of section III and IV.

CLASSIFICATION QUESTIONNAIRE
Spokane Public Schools

I. GENERAL INFORMATION

Name	Work Location
Current Job Title and how long have you worked in this specific position?	Proposed Job Title (if change is requested)
Current Salary Level	Requested Salary Level
Name of Immediate Supervisor	Name of Other Supervisor(s)

II. POSITION INFORMATION

This form will be used to obtain basic information about your job and will serve as a major tool in the classification review of your position. Therefore, you should be clear and concise as possible. Since this form is intended for general use, some of the questions may not apply to your job. If not, indicate "not applicable." If the questions do apply, be specific and illustrate your statements with examples, when possible. **Please do not retype this form.**

What major responsibilities have been added to your position? What percentage of time?

What major responsibilities have been removed from your position?
POSITION INFORMATION (continued)

Have the "additional" tasks been performed by other employees in the past? If so, whom?

Why are the tasks and responsibilities changing?

What other positions in the District do you perceive as being comparable to yours? Why?

Indicate your responsibilities for subordinate positions (if appropriate):

Assign work Check work Train new employees
 Give input to evaluation Schedule work assignments Recommend hiring/dismissals

List titles or describe subordinate positions:

If written materials, such as reports or letters, are a part of your duties, indicate the extent of your responsibilities:

Compile Edit Compose
 Reproduce Type Develop
 Compute Calculate

List any equipment or office machines used in performing your job duties:

List computer software applications used in performing your job duties:

Describe contacts the position has; include the names of organizations and indicate the frequency and nature of the contacts. Example: DSHS, weekly, to provide information regarding individual student attendance.

- a. School Board:
- b. Legislative Groups:
- c. General Public (parents, press, sales representatives, etc.):
- d. Students:
- e. Collective Bargaining Units:
- f. Key District Management:
- g. Local/State/Federal Government Agencies:

Does your position require unusual working conditions beyond the typical office? If so, please describe.

Explain the kind and amount of work guidance you receive from supervisors, manuals, or established procedures:

Explain in what way and how often your work is reviewed by your supervisor:

Indicate the minimum qualifications you would recommend for your position:

Education:

Experience (length and type of experience):

Skills:

Abilities:

Knowledge of:

Special licenses/certificates:

Desirable qualifications (but not required):

List in the order of importance, responsibilities you perform on a regular basis and indicate the approximate percentage of time you spend on each function:

Approximate Percentage	Responsibilities

100%	TOTAL

Submitted by:

Signature

Work Location

Date

NOTE: PLEASE ATTACH A COPY OF YOUR PROPOSED NEW JOB DESCRIPTION.

III SUPERVISORY REVIEW/COMMENTS

Please review the statements made in Section II - Position Information and note any discrepancies:

Are any major functions listed on the form that are performed by other employees in your section/department?

Yes No If "yes", list the functions duplicated and the other employee(s) who share those responsibilities:

Are the minimum qualifications suggested by the employee appropriate? (Please keep in mind the position itself and not the individual who now occupies it.)

What decisions can the position incumbent make on their own?

Describe the consequences of a decision error for this position.

Provide rationale for the assignment of additional duties and responsibilities to this position.

Additional Comments:

Please sign and forward to the appropriate Associate Superintendent.

Immediate Supervisor Signature

Date

IV Associate Superintendent Review

Comments:

Associate or Assistant Superintendent Signature

Date

**RETURN TO PAM HINDERLEIDER IN HUMAN RESOURCES FOR
NEXT STEPS – RECLASSIFICATION COMMITTEE MEETING**