

OFFICE OF CHRISTINE LIZARDI FRAZIER  
KERN COUNTY SUPERINTENDENT OF SCHOOLS  
*ADVOCATES FOR CHILDREN*

**POSITION CLASSIFICATION QUESTIONNAIRE**

INSTRUCTIONS: You are asked to complete this questionnaire in order to provide the information necessary for the Reclassification/Reallocation Committee to make a recommendation. After completion of the entire packet your immediate supervisor, director and/or administrator will not change the statements you make. They will review your completed request and make comments they feel are pertinent. The request will be reviewed by the appropriate assistant superintendent and the CBO of your division in addition to the budget department.

The final document will be sent back to the employee for review. It is the employee's responsibility to submit the final document completed with all signatures to the Human Resources administrator. Human Resources will schedule the Reclassification Committee meeting and notify the employee of the recommendation when determined.

DEFINITION OF REALLOCATION:

*The reassignment of a class from one salary range to another without significant change in class title, minimum qualifications, duties or responsibilities.*

DEFINITION OF RECLASSIFICATION:

*The reassignment of a position, whether filled or vacant, from one class to another, whether new or existing, because of significant change in class title, minimum qualifications, duties or responsibilities.*

*Reclassification may occur as a result of a change in duty assignment, the ability to perform service in a particular position, or either the increase or reduction of amount or level of duties. Reclassification may or may not be accompanied by a change in salary range assignment.*

**SECTION I**

**To be completed by the employee.**

Reclassification request: \_\_\_\_\_ Reallocation request: \_\_\_\_\_

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Phone: \_\_\_\_\_

Current job title: \_\_\_\_\_ Work location: \_\_\_\_\_

Years/months in current position: \_\_\_\_\_ Years at KCSOS: \_\_\_\_\_

Reclassification job title requested: \_\_\_\_\_

Reallocation salary range request: \_\_\_\_\_

Name of employee initiating reclassification/reallocation request if different from above (i.e. supervisor):

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**SECTION II DESCRIPTION OF DUTIES**

**To be completed by the employee**

DESCRIBE DUTIES, TASKS and RESPONSIBILITIES IN THE ORDER OF THEIR IMPORTANCE. PLEASE DO NOT COPY DUTIES OR TASKS FROM CLASS SPECIFICATIONS. Describe the work you do in your own WORDS. Be specific; do not make general statements. Describe how often you perform tasks – every day, week, month, or how many times a year. If more space is needed, use additional sheets of paper and attach to this one.

Attach a copy of the current job description, and a copy of the job description this request is referencing.

SAMPLE DESCRIPTION OF JOB DUTIES;

Type vouchers in duplicate to accompany invoices.		Daily
Answer the telephone and give information to vendors.		Daily
Type letters from rough draft for Mr. Jones.		Daily
File invoices in chronological order in vendor files		Weekly
Type file jackets for new vendors and file them.		Monthly
Remove obsolete vendor folders from file	1 day	Annually
Compose routine correspondence to vendors		Daily
Miscellaneous duties		Daily



**SECTION III**

**To be completed by the employee**

1. Who is your immediate supervisor? \_\_\_\_\_

2. From whom do you receive your assignments? \_\_\_\_\_

3. In what form do you receive your work assignments? \_\_\_\_\_

4. Are you required to interpret:

\_\_\_\_\_ Policy

\_\_\_\_\_ Rules

\_\_\_\_\_ Regulations

If yes, explain \_\_\_\_\_

\_\_\_\_\_

5. Do you supervise other employees? Yes \_\_\_\_\_ No \_\_\_\_\_

If you do, give their names and job titles. If you supervise more than six employees, group them by title and indicate how many under each title, but do not list their names.

\_\_\_\_\_

\_\_\_\_\_

6. If you supervise others, describe your supervisory responsibilities, (i.e. assist with selection of new employees, monitor work, delegate duties, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTION III, (Continued)

7. What tools or equipment do you use in your work? \_\_\_\_\_

\_\_\_\_\_

8. Does your position require that you hold a license, permit, certificate, or registration? If it does, explain, giving the name and kind.

\_\_\_\_\_

\_\_\_\_\_

9. Other information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. CONTACT WITH OTHERS

a. Internal Contacts

With what other departments/positions do you come in contact? What is the reason for the contact? How frequently? If each day or so, use "continuous," if each week or so, use "frequent," if every several months, use "moderate," if once every six months or more, use "infrequent."

Department/Position	Reason for Contact	How Often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION III, (Continued)

b. Outside Contacts

With what other organizations, agencies or authorities outside the office do you come in contact (if any) during the normal course of your duties? What is the reason for the contact? How frequently (continuous, frequent, moderate, or infrequent)?

Organization	Reason for Contact	How Often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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I hereby certify that the statements made above are my own and that to my knowledge they are complete and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature





**SECTION VI**

**To be completed by the appropriate assistant/deputy/associate superintendent.**

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Assistant, Deputy, or Associate Superintendent

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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This reclassification/reallocation is funded? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Director, Internal Business Services

*(Revised 2/10)*