

**RECLASSIFICATION QUESTIONNAIRE**

Name \_\_\_\_\_ Department \_\_\_\_\_

Current Position/Classification \_\_\_\_\_

Current Range on Classified Salary Schedule \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

**INSTRUCTIONS:** Review Article 5 Reclassification of the MPCEA/MPC Collective Bargaining Agreement. To request a reclassification, complete and submit the following document to the Office of Human Resources by **August 1<sup>st</sup>**.

- Reclassification Questionnaire
- Modified job description. Add new duties indicating with underline or highlight. Delete duties no longer performed, indicating with a strikeout.
- Any supplemental documents

**REASON FOR RECLASSIFICATION:** Briefly describe the reason(s) you are requesting a reclassification review.

**REPRESENTATIVE DUTIES:** List the major and new duties that make up your regular activities in descending order of importance. Indicate the percentage of time spent performing the duties, the frequency, and if the duties are new to your assignment.

% of Time New Duty	Description of Job Duties	Frequency
1. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
2. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

<b>% of Time New Duty</b>	<b>Description of Job Duties</b>	<b>Frequency</b>
3. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
4. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
5. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
6. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
7. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
8. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
9. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
10. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
11. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
12. <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% and more <input type="checkbox"/> New Duty		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other



5. Describe the work environment, physical requirements and any hazards encountered when performing this job.

**RESPONSIBILITY AND DECISION MAKING:**

6. Describe the types of decisions you make without the approval of your supervisor.
7. Describe the types of decisions you refer to others and/or your supervisor.
8. Describe the way in which your work is assigned and reviewed, and the frequency and type of guidance provided by others and/or your supervisor.

**ADDITIONAL COMMENTS:** Provide any additional information you believe will be helpful in understanding your job and how it functions within the college.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employees are encouraged to discuss reclassification requests with their immediate supervisors. Submit your completed documents to the Office of Human Resources by August 30th to be considered. The Office of Human Resources will forward the documents to your supervisor for comments.**



5. In reviewing **Section 5.4 Criteria for basis of reclassification** of MPCEA/MPC Collective Bargaining Agreement, have the job duties substantially and permanently changed to warrant a reclassification affecting the range on the classified salary schedule? Please explain your response.
- Yes**
  - No**

6. Provide any comments or information that will be helpful in reviewing this request.

I have read the proposed job description and understand that the incumbent is requesting a review of their current position because they believe that the work has significantly changed and warrants a review. The functions as stated in the revised job description, along with any comments indicated above, clearly define the work being performed, are appropriate to the level of service the department will provide, and support college goals and objectives.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**1<sup>st</sup> Level Administrator Review**

1. I have reviewed the updated job description and concur with the changes as indicated by the employee.

Yes

No **If no, attach a statement with your signature to this form.**

2. I have reviewed the updated job description and concur with the supervisor's comments.

Yes

No **If no, attach a statement with your signature to this form.**

3. I have read the proposed job description and concur that the work as described is appropriate to the level of service that will be provided and supports college goals and objectives.

Yes

No **If no, attach a statement with your signature to this form.**

Dean/Vice President Signature \_\_\_\_\_ Date \_\_\_\_\_

**Forward to Vice President if Dean is 1<sup>st</sup> level Administrator for review**

**1<sup>st</sup> Level Administrator Review**

1. I have reviewed the updated job description and concur with the changes as indicated by the employee.

Yes

No **If no, attach a statement with your signature to this form.**

2. I have reviewed the updated job description and concur with the supervisor's comments.

Yes

No **If no, attach a statement with your signature to this form.**

3. I have read the proposed job description and concur that the work as described is appropriate to the level of service that will be provided and supports college goals and objectives.

Yes

No **If no, attach a statement with your signature to this form.**

Dean/Vice President Signature \_\_\_\_\_ Date \_\_\_\_\_

**Forward to the Office of Human Resources**