

MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT



RECLASSIFICATION REVIEW FORM

Name:	Supervisor's Name and Title:
Current Classification/Requested Classification & Level:	Work Phone Number:
Campus/Department:	Is the Immediate Supervisor Statement signed?
	(Required) <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYEE'S STATEMENT

In three to five sentences below, briefly and accurately describe any essential job duties and/or functions that have been added, changed or removed.

JOB FUNCTIONS: DUTIES AND RESPONSIBILITIES

The following information you provide is the most important part of this documentation. Please provide the information in a manner so that anyone reviewing this information will be able to understand. **PLEASE CLEARLY INDICATE THROUGHOUT THE RECLASSIFICATION REVIEW FORM IF CHANGES IN DUTIES ARE TEMPORARY OR PERMANENT.**

Avoid abbreviated, vague, or abstract words, such as "assists," "handles," "keeps," or "prepares," unless you describe how you assist, what you prepare, etc. For example:

BE SPECIFIC & CONCISE (see below)

- Receives, opens, time stamps, and distributes incoming mail
- Calculates, verifies, and posts billing amounts
- Maintains accurate records on the flow of input information, output records, machine operations, operator assignments, and staff time

DON'T BE VAGUE (See below)

- Assists in handling mail
- Prepares final billings
- Keeps records

Please review your most recent job description and:

List the essential job functions you perform in order of their importance. Typically, most jobs have 8 to 10 essential job functions that are the most critical. If you need more space, attach additional pages.

FREQUENCY	Provide the approximate percent of time you spend on each essential duty. The total of all percentages should not be more than 100 percent.		
IMPORTANCE	1 = MINOR	2 = AVERAGE	3 = CRITICAL
New Duty	Provide date that new duty was added		
Ongoing Duty	Indicate with a “yes” or “no”		

Essential Functions	Frequency (% of time)	Importance	New Duty	Ongoing Duty

Are any of the duties described above outside the scope of your description (out-of-class)? If so, please describe below (add pages if necessary):

Other duties: List other tasks/duties not previously listed that you perform occasionally as part of your job. If you need more space, attach additional pages.

Task / Duty	Estimate Time Spent in Hours/Week/Days/Month

IMPACT AND SCOPE

List services and/or any work products directly generated as a result of the tasks and duties you perform (e.g., policies, guidelines, budgets, reports, letters, memos, computer-generated printouts, profit and loss statements, etc.). List the receiver/contact for each of these services/work products (include internal and external contacts).

Services/Work Product(s)	Internal Contact's Name/Title	External Contact's Name/Company

Authority: Has your level of authority changed from what is indicated in your most recent job description?

For example:

☐ YES ☐ NO

- Decision Making Authority
- Ensure Compliance with Laws, Codes and Standards
- Supervisory or Lead Authority

If yes, describe changes in level of authority below:

Budget: Has your level of budget authority changed from what is indicated in your most recent job description? (e.g., plan, model, prepare, review, monitor, approve, etc.)?

☐ YES ☐ NO

If yes, describe changes to duties and responsibilities below:

Amount of operating budget for which you are responsible, if any \$ _____

SUPERVISION / DIRECTION

Supervision/Direction received: Please select one of the following that best describes the type and amount of supervision that your position receives.

- ☐ My supervisor frequently checks my job activities.
- ☐ I work alone on routine or regular work assignments and check with my supervisor on non-routine assignments or when in doubt as to the correct procedures to follow.
- ☐ I receive occasional supervision while working toward a definite objective that requires use of a wide range of procedures. I plan, and/or determine specific procedures or equipment required to meet assigned objectives, and I solve non-routine problems. I refer only unusual matters to my supervisor.
- ☐ I work from broad policies and towards general objectives. I refer specific matters to superior(s) only when interpretation or clarification of organizational policies is necessary.
- ☐ I work from general directives or broadly defined missions of the organization.

From whom do you receive work assignments?

Name	Title

Supervision/direction given: Do you directly supervise employees (including conducting performance evaluations)?

☐ YES ☐ NO

Indicate the total number of employees supervised directly: _____ and indirectly: _____

Supervision/direction given: Do you perform “Lead” duties? ☐ YES ☐ NO

List the employees you directly supervise or lead (include name, classification and status). If you supervise or lead more than ten employees, you may list only the job titles and number of people supervised:

What type of supervision/lead do you provide? Please select all of the supervisory/lead duties you perform, the level of your authority, and indicate whether you perform this activity for employees, non-employees (e.g. volunteers), or both.

STATUS FTE = Full-time employee

PT = Part-time/Intermittent employee/Student Worker

TEMP = Temporary or Contract employee

Job Title and Number of Staff Supervised	Type of Supervision (direct or of lead)	FTE	PT/TEMP	STUDENT
	<input type="checkbox"/> Direct <input type="checkbox"/> Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Direct <input type="checkbox"/> Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Direct <input type="checkbox"/> Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Direct <input type="checkbox"/> Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Direct <input type="checkbox"/> Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What type of supervision/lead do you provide? Please select all of the supervisory/lead duties you perform, the level of your authority, and indicate whether you perform this activity for employees, non-employees (e.g. volunteers), or both.

Duty	No Authority	Recommend	With Prior Approval	On Own Authority	Employee or Non-Employee
Plan and/or schedule work for others on specific projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee
Plan and/or schedule work for others on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee
Assign or delegate work to others on specific projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee
Assign or delegate work to others on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee
Supervise work of others on specific projects or on a daily basis, please specify below: 1. 2. 3.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee <input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee <input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee
Establish rules, procedures, and/or standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee
Approve overtime and/or leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee
Evaluate performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee
Take corrective action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee
Resolve complaints and/or problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee
Other – Specify:: 1. 2. 3.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee <input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee <input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee

PLANNING / DECISION MAKING

If you develop or assist in developing policies or procedures for your functional area, or the organization as a whole, describe this activity below:

List below any formal guidelines, standards, regulations, etc. within which your job must be performed:

KNOWLEDGE / SKILLS / ABILITIES

Please review your most recent job description and:

Summarize the types of knowledge, skills and abilities your job requires. (For example, if you were recruiting to fill jobs identical to yours, what knowledge, skills and abilities would you expect a job applicant to have to be competent on the first day on the job?)

Note: If the required Knowledge, Skills and Abilities requirements have not changed, please indicate that below:

a. Knowledge of:

b. Skill in:

c. Ability to:

Education / Training / work experience: Describe any **changes to** education and/or previous work experience required to perform your job. (For example, what type of background would you expect a successful job applicant to have?)

Note: If the required Education, Training, Work Experience requirements have not changed, please indicate that below:

Licenses, registrations, or certificates: Does the job require a CLASS C Driver’s License? ☐ YES ☐ NO
List any other licenses or certificates required by law or your employer to perform your job.

License or Certificate	Required by:	
	Law	Employer
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE STATEMENT CONCLUSION

If there are other **NEW OR REMOVED** aspects of your job not covered in this documentation that are important in understanding your job content please describe below.

Employee Signature

Date

IMMEDIATE SUPERVISOR’S STATEMENT

Employee Name:	Supervisor’s Name and Title:
Employee’s Current Classification:	Campus/Department:

It is the responsibility of the employee to submit completed and signed documentation to Human Resources by January 31st.

Work Phone Number:	Supervisor's Phone Number:
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SUPERVISOR AND/OR MANAGER RESPONSIBILITY:

It is the responsibility of the supervisor and/or manager to inform the area Vice President that a reclassification request has been submitted.

There are two essential cautions you should observe:

- Under no circumstances should you change or alter the employee's document.
- Do not make any statements or comments about the employee's work performance, competence or qualifications.
- This documentation will be used to evaluate the **duties that constitute the position**, not the performance or qualifications of the employee. Attach additional sheets if necessary.

Please check the boxes that apply:

- ☐ I have reviewed the documentation submitted by the employee.
 ☐ I have no additional comments
- ☐ I have additional comments below:

1. Does the current job description accurately reflect the tasks, duties and responsibilities that are actually required of this position? If not, please clarify:

2. Do you agree with the other additional information given by the employee? If not, please clarify:

3. What, if any additional information should be considered?

Immediate Supervisor's Signature	Date
Dean/Vice President	Date