

IMPERIAL COMMUNITY COLLEGE DISTRICT
OFFICE OF HUMAN RESOURCES
RECLASSIFICATION REQUEST/CLASSIFIED EMPLOYEE

Name of Requesting Authority: _____

Department/Program: _____

Date Submitted: _____

PRESENT POSITION

Position Title: _____

Department/Program: _____

Funding: District: _____ State: _____ Federal: _____

Range: _____ Months of Service: _____ Total Hrs./Wk.: _____ Total Days/Wk.: _____

Dates worked during Week: _____

Hours scheduled to work during the day: _____

Hours scheduled to work during the week: _____

REQUIREMENTS FOR THE POSITION

Practical skills testing: Yes _____ No _____

Certificate/License Requirements: _____

Other: _____

POSITION TYPE:

Additional _____ Existing: _____ New _____ Revised _____

Position title: _____

Department/Program: _____

Funding: District: _____ State: _____ Federal: _____

Acct No: _____ Acct No: _____

Range: _____ Months of Service: _____ Total Hrs./Wk.: _____ Total Days/Wk.: _____

Dates worked during Week: _____

Hours scheduled to work during the day: _____

Imperial Valley Community College District Job Analysis Questionnaire

By completing the following you are requesting a job analysis of your position title and job description by the Classification Review Committee. Please complete this form as thoroughly as possible. This will aid the Committee in conducting a comprehensive analysis. All requests will require signatures and/or comments from your immediate supervisor and/or manager. Please indicate on Page 7 of this questionnaire if you wish to appear before the Committee to present your information.

Supervisors initiating the review please fill out the form and section 9 will be filled out by the appropriate Vice President

Job Analysis Questionnaires will be accepted by the HR Office up until January 11th, 2019.

Location

Name of Employee in the Position

Current Job Title

Work Telephone Number

Name of Immediate Supervisor

What is the job title that best describes the position? Give reasons why.

1. BASIC FUNCTION

What basic function does the position serve in assisting the college or department in fulfilling its purpose; what is the major reason or purpose of the work?

2. SPECIFIC DUTIES AND RESPONSIBILITIES

Describe in detail specific duties and responsibilities that have changed over the past year for the position. Describe each task thoroughly by stating specifically *what work is done* and *how it is done*. If applicable, state how this work was performed before it was assigned to this position. Include as a task any records and/or reports that have become the responsibility of this position to maintain and/or prepare over the past year. Indicate how often this work is performed: *D = Daily, W = Weekly (at least once weekly), M = Monthly (at least once), Y = Yearly (at least once or twice)*.

Duties/Tasks/Responsibilities acquired this past year:	How often performed? (D, W, M, Y)

Attach additional sheets if necessary

3. CONTACT WITH OTHERS

With what other departments/positions does this position come in contact with? What is the reason for the contact? How frequently? If each day or so, use *C (continuous)*, if each week or so, use *F (frequent)*, if every several months, use *M (moderate)*, if once every six months or more, use *I (infrequent)*.

Department/Position	Reason	How Often? (C, F, M, I)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

With what other organizations, agencies or authorities outside of the district organization does this position come in contact with (if any) during the normal course of performing the duties? What is the reason for this contact? How frequently (*C, F, M, I*)?

Outside Organization	Reason	How Often? (C, F, M, I)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. DECISION MAKING

Has the level of supervision this position receives changed over the past year? In what way?

5. SUPERVISION

Has this position become directly or indirectly responsible for the supervision of employees? *Technical* supervision means responsibility for training other employees and student workers in work methods and procedures. *Functional* supervision means responsibility for the successful completion of tasks through regularly assigned supervision for a project or set of work activities including assigning, monitoring and reviewing the tasks and duties performed by other employees and/or student workers. List the job titles of employees whom are supervised, the number of employees within each job title, and whether the supervision is consider *technical* or *functional*.

Job title of those supervised	How many?	Technical/ Functional
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. KNOWLEDGE AND ABILITIES

Knowledge

List specific areas of knowledge this position must have in order to successfully perform the duties acquired this past year. Some areas to consider are laws, regulations, codes, technical aspects, policies, procedures, practices, terminology, software applications, equipment operation, materials, curriculum or subject matter.

Abilities

List specific abilities this position must have in order to successfully perform the duties acquired this past year. Some areas to consider are abilities to perform certain functions, plan, create, explain, develop, prepare, maintain, repair, operate, administer, coordinate, and review.

7. WORKING CONDITIONS

Work Environment

Has the working environment changed over the past year? If so, state specifically the nature of that environmental change or physical requirement. Some examples of *work environment* include: standard office, indoor/outdoor, adverse weather conditions, noise, regular exposure to fumes, dust and odors, and exposure to constant interruptions.

Physical Requirements

Have the physical requirements necessary to perform the duties of this position changed over the past year? Examples of *physical requirements* include: climbing, standing for extended periods of time, sitting for extended periods of time, lifting and carrying, pushing or pulling, walking, reaching overhead, kneeling or crouching, repetitive hand or body motions, and bending. Indicate how often you perform the physical activity.

Physical Requirement

How often?

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

TO THE BEST OF MY KNOWLEDGE THE INFORMATION PRESENTED HERE IS ACCURATE AND COMPLETE.

Employee/Supervisor Signature

Date

I would like an interview with the Classification Review Committee

Yes

No

Note: It is recommended that you make a copy of your completed form for your files before submitting it to HR.

This form must be returned to the HR office no later than January 11th to be included for review.

9. SUPERVISORY REVIEW

1. Does this completed questionnaire accurately reflect the duties of the position?

Yes

No

2. If you disagree, please explain your concerns, making reference to the numbered item in the questionnaire. (Please **do not** change information contained in the questionnaire.)

3. Comment on your support or disagreement with any suggested classification or title change that this employee/supervisor has indicated on Page 1.

4. Additional comments?

5. Have you discussed your concerns, if any, with the employee? Yes No

6. I would like an interview with the Classification Review Committee. Yes No

Supervisor Signature

Date

10. ADMINISTRATOR REVIEW (Vice President)

Note any concerns or comments regarding the employee statements and/or supervisory statements. If you disagree, please provide a rationale.

Vice President

Date

Managers may address the Classification Review Committee upon request.