

ANTELOPE VALLEY COLLEGE

CLASSIFICATION/RECLASSIFICATION FORM

You are being asked to complete this form because you know your position better than anyone else. You are encouraged to discuss your responses with your supervisor, as they will also be asked to respond. Your answers will be used to evaluate your job position only, NOT your performance. You are asked to describe the purpose of your position, its responsibilities, and other information that will assist us in our understanding of your job. Please type or neatly print your responses to each question. Be candid and answer each question as accurately as possible. If you need additional space in answering a question, you may attach a page(s) to the end of the form for your response. Please make sure you clearly note the Section Number and the Number of the question being answered when extra pages are used. If a question does not apply to your position, please write "not applicable".

THE CLASSIFICATION/ RECLASSIFICATION FORM IS DUE IN HUMAN RESOURCES BY:

SECTION 1. ORGANIZATIONAL INFORMATION

YOUR NAME(S): _____

YOUR CURRENT POSITION TITLE: _____

PROPOSED TITLE CHANGE: _____

DIVISION AND SECTION: _____

WORK SITE: _____

WORK PHONE: _____

NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: _____

LENGTH OF TIME (years or months) IN YOUR CURRENT POSITION: _____

LENGTH OF TIME YOU HAVE BEEN PERFORMING THE DUTIES FOR WHICH
YOU ARE REQUESTING A CLASSIFICATION REVIEW: _____

YOUR SUPERVISOR'S NAME: _____

YOUR SUPERVISOR'S JOB TITLE: _____

SECTION 2. PRIMARY PURPOSE OF YOUR POSITION

Briefly describe the primary purpose of your position. **It is suggested that you complete the rest of the form before completing this section.**

SECTION 3. TASK STATEMENTS

EXAMPLE LIST OF TASKS FOR A DIRECTOR OF DATA PROCESSING POSITION

TASK NO.	DESCRIPTION	FREQUENCY	%OF TIME
1.	Directs activities of the department and deploys resources.	Daily	25%
2.	Prepares and controls the Division budget.	Monthly	10%
3.	Establishes project schedules and ensures on-time completion within budget.	Monthly	20%
4.	Approves new or modified computer system design.	Monthly	15%
5.	Selects and buys hardware and software with the approval of the Division Head/Designee.	Quarterly	5%
6.	Coordinates work of Manager of Data Processing.	Daily	20%
7.	Ensures computer income and expense amounts are properly charged.	Monthly	5%
			<u>100%</u>

LIST ONLY TASKS THAT HAVE CHANGED OR HAVE BEEN ADDED TO YOUR JOB. PLEASE DO NOT RESTATE ALL JOB DUTIES THAT ARE ALREADY LISTED ON YOUR CURRENT JOB DESCRIPTION.

TASK NO.	DESCRIPTION	FRE-QUENCY	% OF TIME
1			
2			
3			
4			
5			
6			
7			

SECTION 4. DECISION MAKING

Based on the tasks listed in Section 3, please indicate the level of decision-making and provide at least one example describing the degree of the decision.

- ☐ Decisions impact the employee's own work.
- ☐ Decisions typically affect a work unit (department, division, area).
- ☐ Decisions directly impact on other persons and or functions with a unit of the department.
- ☐ Decisions directly affect the operations and or staff of a major department of the division/area.
This applies only to management/supervisory employees.
- ☐ Decisions involve policy issues and the establishment of policy on a department-wide basis.
This applies only to Directors or above.
- ☐ Decisions directly impact the overall goals and direction of the college. This applies only to Vice Presidents or above.

Type your response here.

SECTION 5. SUPERVISION RECEIVED

Based on the tasks listed in Section 3, please indicate the level of supervision received and provide at least one example describing the change.

- ☐ Work is normally performed under close supervision.
- ☐ Work is carried out under general supervision. Incumbents at this level are expected to perform the routine duties of their positions independent of ongoing supervision.
- ☐ Work is performed in accordance with broad guidelines and procedures. Incumbents at this level are expected to exercise continuous judgment and discretion in the application and interpretation of established practices and procedures and other guidelines governing their work. This typically applies to lead classes.
- ☐ Work is carried out under general direction in accordance with goals and objectives established by Directors or above.
- ☐ Work is carried out under broad direction in line with the overall objectives of the department. Typically applies to major department head classes.
- ☐ Work is carried out under the goals of the total organization and are subject to few constraints. Incumbents at this level are responsible for establishing the goals and objectives of the overall organization.

Type your response here.

2. How frequently is the majority of your work reviewed? (i.e., daily, during each assignment, after each assignment, weekly, etc.).

Type your response here.

3. How are your work priorities set? (By your supervisor, yourself, standard procedures, etc.).

Type your response here.

4. What types of guidance are used to aid you in the performance of your duties? (manuals, departmental procedures, established practices, regulations, etc.). Please explain.

Type your response here.

SECTION 6. LEAD AND SUPERVISORY RESPONSIBILITIES

Please check the box that best describes your current position and provide the information requested in the space provided for the box checked. Check **only one box** in this section.

☐

Not applicable.

☐

I am assigned to provide technical direction to other employees, contractors, and/or consultants (i.e., show employees how to perform certain tasks, answer questions, review work, etc.) who are performing duties similar to my own. **NOTE:** This kind of direction is generally provided by senior employees to less experienced employees. **Please list those positions for which you provide technical direction and indicate how often (i.e., daily, for special projects/assignments, occasionally as needed).**

- ☐ I am designated as a lead worker. Providing lead direction to lower level positions is a primary work assignment in your position. This level of supervision includes performing the same or similar tasks as the employees to whom I provide guidance (i.e., assigning, reviewing, and coordinating their work). **Please list those positions for which you are a designated lead worker.)**
- ☐ I am in a designated supervisory position. Supervision is the primary function of my job. **Please list those positions and number of employees in each job that you directly supervise.**
- ☐ I supervise, subordinate supervisory staff. I am a second level supervisor or higher. **Please list the positions and the number of individuals to whom direct supervision is provided.**

SECTION 7. CONTACTS WITH OTHERS

List by category those persons with whom you typically have job-related contact (i.e., co-workers, other department personnel, patients, clients, contractors, vendors, other districts/agencies, etc.). Then briefly state the purpose of the contacts." For example, if you are a Building and Grounds Maintenance Supervisor, contacts may include "co-workers", "security personnel", "trades personnel", etc.

Type your response here.

SECTION 8. FREQUENCY OF VERBAL CONTACTS WITH OTHERS

Check **only one** of the categories below best reflects the percentage of your time on average that is spent in work-related contact with others. For this question, contact refers only to that time when you are in **actual face-to-face or telephone /e-mail** conversations with others (co-workers, clients, the public, etc.). **NOTE: percentages claimed in sections 8, 9, and 10 together cannot exceed 100%.**

- ☐ Up to 25% or about 1/4 of your time
- ☐ 26% to 40% or about 1/3 of your time
- ☐ 41% to 60% or about 1/2 of your time
- ☐ 61% to 75% or about 2/3 of your time
- ☐ 76% to 100% or the majority of your time

SECTION 9. PHYSICAL EFFORT

Based on the tasks listed in Section 3, list which job duties require physical effort. Please list the task number that you listed in Section 3. In the Job Duty column, please indicate the type of physical effort used in performing the task. Indicate the percentage of your work-time devoted to each of these duties.

TASK #	JOB DUTY	% OF TIME

SECTION 10. VISUAL EFFORT

Based on the tasks listed in Section 3, list which job duties require visual effort. In the Job Duty column, please indicate the type of visual effort used in performing the task. Indicate the percentage of your work-time devoted to each of these duties.

TASK #	JOB DUTY	% OF TIME

SECTION 11. WORKING CONDITIONS

Working conditions refer to the climate/environment in which you do your job, (i.e., exposure to dirt, fumes, extreme temperatures, intense noise, and poor lighting), AND/OR to the unavoidable hazards/risks associated with your job (i.e., toxic exposure, physical attacks, disease, and injuries).

Based on the tasks listed in Section 3, describe any adverse climate/environment conditions and indicate the percentage of time that you are working under each of the conditions listed.

TASK #	ADVERSE CLIMATE/ENVIRONMENT	% OF TIME

Based on the tasks listed in Section 3, describe any unavoidable hazards/risks (i.e., toxic exposure, physical attacks, disease, etc.) and indicate the percentage of time that you are working under each of the hazards/risks listed.

TASK #	UNAVOIDABLE HAZARDS/RISKS	% OF TIME

SECTION 12. ADDITIONAL COMMENTS

Please add anything that you believe will assist us in understanding your job and **please retain a copy of your completed form.**

Type your response here.

Please use additional sheet if you need more space to write comments.

Employee Signature: _____

Date: _____

SUPERVISOR REVIEW

After reviewing this form with your supervisor (optional), submit the form to Human Resources by the deadline. After Human Resources has received the form, a copy will be forwarded to your supervisor. The supervisor is to provide written comments either agreeing or disagreeing. The supervisor submits the form to Human Resources by their deadline. Human Resources will return a copy of the form with the supervisor's comments to the employee.

Note: Whether the Supervisor agrees or disagrees, the form is to be forwarded to Human Resources.

Supervisor Comments: ☐ Agree ☐ Disagree

Type your response here.

Please use additional sheet if you need more space to write comments.

SUPERVISOR SIGNATURE: _____ **DATE:** _____

HR Official Use Only

Name of Employee: _____

Date received from employee: _____

Time received: _____

Date received from supervisor: _____

Time received: _____

Copy sent to Union President on: _____

Received after deadline: ____ Yes ____ No (if yes, by) Employee ____ Supervisor ____

HR Comments: _____

HR Official Initial: _____