

**Central Oregon Community College
Classified Staff
Reclassification Questionnaire**

Employee: _____

Date: _____

Title: _____

Grade: _____

Department: _____

Supervisor Name: _____

Supervisor Title: _____

DIRECTIONS

1. Complete the classification questionnaire. **Focus on the new and changed duties of your position.** Please leave blank those areas that do not apply. If additional space is required, add attachments, but keep as brief as possible while also thoroughly answering questions.
2. The updated questionnaire should be signed by the employee and supervisor prior to being forwarded to the Human Resources Office.

Essential Responsibilities

- ❖ Briefly list the major **changes** in job duties or responsibilities that have occurred in your position.
- ❖ If **new duties**, who or what position performed these duties prior to their being assigned to your position?

Changed Duties/Responsibilities
(do not put "see job description")

Duties Performed Previously by:

(Name/Title)

1.

2.

3.

4.

- ❖ If some duties are **eliminated** from your position, what are they and who or what position (if anyone) will be doing them?

Eliminated Duties/Responsibilities

Duties will be Performed by:
(Name Title)

1.

2.

- ❖ Briefly describe any unusual aspects which might make the position distinct from similar positions within the College.

Working Relationships

- ❖ Please give examples of people and/or organizations you need to work with to complete your job duties.

Contact (title/function)

Reason for Contact

Frequency?

Decision Making

- ❖ Please give one or two examples of the most important or significant work, technical, procedural, personnel, budget, policy and program decisions that you make.
- ❖ How serious is a mistake or an error in judgment on this job, and what are the probably consequences? Indicate a typical kind of error, probability of it occurring, checks and balances in place, and the cost or problems involved in correcting the error. If the error goes undetected, what are the consequences?

Problem Solving Challenges

- ❖ Please give one or two examples of the most difficult problems you must solve or the challenges you encounter on a regular basis to complete your work assignments.

Example of Problem or Challenge

Typical Solution

- ❖ Describe how the work must conform to standard operating procedures, policies, methods, and practices. Are these guidelines general or specific to the job? Give examples.

- ❖ Provide examples of independent judgment used on this job.

Supervision Received

- ❖ From whom does the position normally receive work assignments?

Name: _____ Title: _____

- ❖ Indicate the type of supervision this position requires:
 - Received detailed and direct instruction
 - Receives general direction for tasks planned by supervisor
 - Receives only general direction
 - Other: explain
- ❖ How often does the work need to be reviewed or checked upon in this position?
 - Always
 - Sometimes
 - Never

Supervision of Others

- ❖ If you lead or supervise other college employees, which statements best describe your responsibilities:

Work Study

Recommend hire
 Hire (select)
 Establish work schedule
 Orient and train
 Assign work
 Prioritize work assignment
 Review work
 Conduct perf. appraisal
 Discharge
 For _____ no. of workers
 Job Titles:

Part-time Irregular Wage

Recommend hire
 Hire (select)
 Establish work schedule
 Orient and train
 Assign work
 Prioritize work assignment
 Review work
 Conduct perf. appraisal
 Discharge
 For _____ no. of workers
 Job Titles:

Contracted Classified

Serve as lead worker
 Establish work schedule
 Orient and train
 Assign work
 Prioritize work assignment
 Review work
 Input to perf. appraisal
 For _____ no. of workers
 Job Titles:

Use of Equipment

- ❖ What equipment are you required to use in your job (e.g., office equipment, power tools, machinery)?

Working Environment

Regularity of Work Hours

- Work regular established work schedule
 Occasionally work late/early hours
 Work recurring late/early hours
 Frequently work early/late hours

Work on a Computer Screen

- Less than 25%
 25% - 50%
 More than 50%

Physical Movements

- Climbing or pulling self upward, % of time _____
 Kneeling, stooping, crouching, % of time _____
 Balancing, on unstable surfaces % of time _____
 Guiding, feeding materials into proper position
 % of time _____
 Reaching, pushing, grasping % of time _____

Physical Effort

- Ordinary office, mostly sitting, % of time _____
 Lifting, objects 10-50 lbs, % of time _____
 Lifting, objects over 50 lbs, % of time _____
 Extended standing, % of time _____
 Extended walking, % of time _____
 Operation of demanding equipment,

% of time _____

Health/Safety Exposure

- Noise extremes, % of time _____
 Ventillation extremes, % of time _____
 Bad weather, % of time _____
 Safety hazards, % of time _____
 Contamination, exposure to disease or toxic
 substance, % of time _____

Other

- Congested area, explain _____

 Strained contacts, explain _____

 Working under distractions, interruptions, explain____

 Time pressure, rushed deadlines, explain _____

 Travel, explain _____

 Civic obligations off hours, explain _____

 Other, explain _____

Comments

❖ Please indicate any additional information for better understanding your job.

Supervisor's Comments

Signatures

I understand signature does NOT necessarily indicate agreement or disapproval.

Employee: _____

Date: _____

Supervisor: _____

Date: _____

Dean: _____

Date: _____