



REQUEST FOR CLASSIFICATION REVIEW

PART A:

Employee Name: _____ Title: _____
(Please Print)

Work Location: (circle one) Skyl CSM Cañ Chanc Ofc Ext: _____

Division/Dept: _____ Immediate Supervisor: _____ Ext.: _____

Certain job duties have now become a regular part of this position due to: (check all that apply)

___ Division/department reorganization ___ Newly-assigned Division/dept projects

___ Other (specify) _____

These new job duties were added to the position effective (date) _____

I believe that the newly assigned job duties have significantly impacted my current classification and hereby request a classification review. I understand that the classification review may consist of the completion of a Job Analysis Questionnaire, desk audit, interview and/or supplemental written information in order to determine the appropriate classification of the position.

Requestor Signature: _____ **Date:** _____

(Note: forward the original of this form to the Office of Human Resources)

PART B: (to be completed by Human Resources only)

The chief executive officer and related administrators were contacted on: _____ regarding this request for classification review.

First and second actions taken on this request:

___ Written information requested from responsible managers on: _____

___ Job Analysis Questionnaire mailed on: _____ to: _____

___ Desk Audit scheduled on: _____ with: _____

___ Interview scheduled on: _____ with: _____

___ Supplemental written information requested on: _____ from: _____

___ Other (specify with date): _____

Human Resources Signature: _____ **Date:** _____



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

Office of Human Resources
3401 CSM Drive – San Mateo, CA 94402
Automated Service Line: (650) 574-6555
Fax: (650) 574-6574

JOB ANALYSIS QUESTIONNAIRE

(To be completed by the employee who is requesting review of the position classification)

PART I: IDENTIFICATION OF THE POSITION

Current Classification: _____

Location: (circle one) Skyl CSM Cañ Chanc Ofc

Division/Dept.: _____ Orgn. #: _____

Incumbent Name: _____ Ext.: _____

___ Full-time or % of Full-time: _____ Mos. Per Year: _____

Length of time in this position: ___ years ___ months

Immediate Supervisor: _____ Title: _____

Orgn Administrator: _____ Title: _____

PART II: PURPOSE OF THE POSITION

Briefly describe your understanding of the major purpose or objectives of this position:

PART III: JOB DUTIES¹ ASSIGNED

List the major (essential) job duties that are assigned and performed, and rate each job duty for frequency using the following codes:

FREQUENCY:	CODE:	FREQUENCY:	CODE:
Performed once or more daily	D	Performed once or more monthly	M
Performed once or more weekly	W	Performed once or more yearly	Y

LIST OF MAJOR JOB DUTIES ASSIGNED AND PERFORMED: CODE:

1.
2.
3.
4.
5.
6.
7.

¹ A job duty is an activity performed to achieve the objectives of a particular job. A job duty is a significant part of a functional area and consists of the performance of one or more tasks. Begin each job duty statement with a verb, such as: compile, design, collect, confer, research, enter, etc.

LIST OF MAJOR JOB DUTIES ASSIGNED AND PERFORMED:

CODE:

8.
9.
10.
11.
12.
13.
14.
15.

(Add additional sheets if necessary)

PART IV: DUTIES ADDED TO THE POSITION WITHIN THE LAST YEAR

Identify by number each of the job duties in Part III that were added to this position within the last year and resulted in this request for classification review.

#___ #___ #___ #___ #___ #___ #___ #___
#___ #___ #___ #___

PART V: KNOWLEDGE, SKILLS AND ABILITIES REQUIRED

For each of the job duties listed in PART III, please list the knowledge, skills and abilities that are:

- ◇ **Necessary** for successful performance of that job duty
- ◇ **Not learned** in a brief training or orientation session (one week or less)
- ◇ **Required by the job**, not ones that are acquired “on the job”

Definitions (KSAs):

Knowledge: a body of information, applied directly to the performance of a function or job duty (e.g., knowledge of accounting principles)

Skill: a physical activity and competence to perform a learned activity (e.g., creating a variety of spreadsheets to report researched data)

Ability: the potential to competently perform an observable duty which usually results in an observable product (e.g., prepare clear and concise reports in final form)

KNOWLEDGE, SKILLS AND ABILITIES FOR DUTIES LISTED IN PART III:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

PART VI: SPECIAL REQUIREMENTS

List below any special licenses or certificates that are required for this position:

PART VII: EQUIPMENT OPERATING REQUIREMENTS

List below any key equipment required in the regular course of performing the major duties of this position (see PART III). Rate each one using the same frequency code used in PART III (**D, W, M, or Y**):

EQUIPMENT NAME:	CODE:
1.	
2.	
3.	
4.	
5.	

PART VIII: SUPERVISION RECEIVED

Please identify the appropriate level of supervision received by this position: (check the one that most often applies)

- Immediate Supervision:** the employee works in the presence of his/her supervisor or in a situation of close control and easy reference. Work assignments are given with explicit instructions, or are so routine that few, if any, deviations from established practice are made without checking with the supervisor.
- General Supervision:** assigned duties require the exercise of judgment or choice among possible actions, sometimes without clear precedents and often with concern for the consequences of the action. The employee may or may not work in proximity to his/her supervisor.
- Under Direction:** the employee receives general instructions regarding the scope of and the approach to projects or assignments, but procedures and techniques are left to the discretion of the employee. Employees are expected to operate with a reasonable degree of independence.
- General Direction** (For management classifications only): the employee is responsible for a program or function(s) and is expected to carry out necessary activities without direction except as new or unusual circumstances require.

PART IX: PUBLIC CONTACT

1. The individuals inside of the District with whom the position has frequent and regular contact as required by the major job duties (other than with the supervisor and co-workers). Check the boxes that apply to the position by writing in the code that describes the purpose of the contacts and their frequency.

PURPOSE OF CONTACT	PURPOSE CODE	FREQUENCY CODES
Provide information	a	Daily = D
Collect information	b	Weekly = W
Coordinate projects	c	Monthly = M
Solve problems	d	Yearly = Y
Negotiate solutions within policy guidelines	e	
Negotiate solutions involving policy changes	f	
Other: specify below	g	

Type of Contact	Purpose Code	Frequency Code
<input type="checkbox"/> Clerical staff, other departments		
<input type="checkbox"/> Supervisory staff, other departments		
<input type="checkbox"/> Administrative staff, other departments		
<input type="checkbox"/> Clerical staff, same department		
<input type="checkbox"/> Other staff, same department		

2. The individuals outside of the District with whom the position has frequent and regular contact as required by the major job duties. Check the boxes that apply to this position by writing in the code that most accurately describes the purpose of these contacts and their frequency.

Type of Contact	Purpose Code	Frequency Code
<input type="checkbox"/> General Public		
<input type="checkbox"/> Vendors		
<input type="checkbox"/> Public Agencies		
<input type="checkbox"/> Other Colleges, Universities, Schools		
<input type="checkbox"/> Community Agencies		
<input type="checkbox"/> Other (describe):		

PART X: WORKING ENVIRONMENT

Describe any unusual working conditions to which the position is exposed or with which the position is required to work in the normal course of the job, and indicate the frequency (using the Frequency Codes):

WORKING CONDITION:	CODE:
1.	
2.	
3.	

PART XI: PHYSICAL AND MENTAL ACTIVITY

Identify each physical and mental activity required in the performance of the job duties listed in PART III, and indicate the relative frequency (using the Frequency Codes) for each one. Also indicate which of the job duties (by number, from PART III) require each activity.

PHYSICAL OR MENTAL ACTIVITY	FREQUENCY CODE	FOR JOB DUTIES (list each by number from PART III)
Sitting		
Standing		
Lifting (___ pounds)		
Climbing (Stairs? Ladders?)		
Kneeling		
Reaching		
Pushing		
Pulling		
Stooping		
Walking		
Bending		
Analyzing data		
Memorizing		
Interpreting		
Recalling		
Synthesizing data		
Comparing data or things		
Critiquing		
Using tact and discretion		
Compromising		
Negotiating		
Persuading		

PART XII: SIGNATURES

Requestor: _____ **Date:** _____

Immediate Supervisor: _____ **Date:** _____

Orgn Administrator: _____ **Date:** _____

Chief Executive Officer: _____ **Date:** _____

PART XIII: STUDY IN PROGRESS (to be completed by the Office of Human Resources)

ASSIGNED TO: _____
(Name of Classifier)

COMMENTS: _____