

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: \_\_\_\_\_

Hours scheduled to work during the week: \_\_\_\_\_

**REQUIREMENTS FOR THE POSITION**

Practical skills testing: Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate/License Requirements: \_\_\_\_\_

Other changes in position: \_\_\_\_\_

**SIGNATURES**

\_\_\_\_\_  
Employee's Signature                      Date              Approved              Disapproved

\_\_\_\_\_  
Supervisor's Signature                      Date              Approved              Disapproved

Request to/not to appear before Reclassification Committee (Circle one). Yes      No

\_\_\_\_\_  
AVP HR Signature                      Date              Approved              Disapproved

Request to/not to appear before Reclassification Committee (Circle one). Yes      No

Sent to reclassification committee on the following date:

\_\_\_\_\_  
Date                                      Associate Vice President Human Resources

## 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.**

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Location

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Name of Employee in the Position

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Current Job Title

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Work Telephone Number

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Name of Immediate Supervisor

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

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**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?

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**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)*.

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

*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.

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**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.

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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.**

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Employee/Supervisor Signature

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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.)

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

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4. Additional comments?

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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

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Supervisor Signature

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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.

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Vice President

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Date

*Managers may address the Classification Review Committee upon request.*