

RECLASSIFICATION QUESTIONNAIRE

Please complete this questionnaire in order to request Human Resources review your position for reclassification and help us evaluate the changes in your job. Requests will be processed in the order questionnaires are received. When completing the form be sure to allow sufficient time for your immediate supervisor and cabinet level administrator to review and sign the request prior to the deadline. The completed questionnaire must be received by Human Resources by **Tuesday, June 30, 2026.**

Section A: General Information

Name: _____ Date: _____

Department/Division: _____

Title: _____

Immediate Supervisor Name and Title: _____

(Must be a **Management** employee)

How long have you been in your current position: Years/Months: _____

Work Location (e.g, AD 143): _____ Telephone Extension: _____

Scheduled Work Hours/FTE: _____

Monthly Salary: _____ Range: _____ Step: _____

Are you receiving any stipends? Yes No If yes, please indicate:

Type of stipend(s): _____ Amount of stipend(s): _____

Section B: Job Overview

Briefly state the OVERALL PURPOSE of your position.

2. Description of additional, higher level duty:

When did you start performing this duty? _____ Frequency: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

For Manager Use ONLY:

Were you aware the employee was performing this duty? Yes No Have you assigned this work? Yes No

Reason for assigning the duty: _____

Is the duty still being performed by the employee? Yes No How long will the employee perform the duty? End Date: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

3. Description of additional, higher level duty:

When did you start performing this duty? _____ Frequency: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

For Manager Use ONLY:

Were you aware the employee was performing this duty? Yes No Have you assigned this work? Yes No

Reason for assigning the duty: _____

Is the duty still being performed by the employee? Yes No How long will the employee perform the duty? End Date: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

4. Description of additional, higher level duty:

When did you start performing this duty? _____ Frequency: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

For Manager Use ONLY:

Were you aware the employee was performing this duty? Yes No Have you assigned this work? Yes No

Reason for assigning the duty: _____

Is the duty still being performed by the employee? Yes No How long will the employee perform the duty? End Date: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

5. Description of additional, higher level duty:

When did you start performing this duty? _____ Frequency: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

For Manager Use ONLY:

Were you aware the employee was performing this duty? Yes No Have you assigned this work? Yes No

Reason for assigning the duty: _____

Is the duty still being performed by the employee? Yes No How long will the employee perform the duty? End Date: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

6. Description of additional, higher level duty:

When did you start performing this duty? _____ Frequency: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

For Manager Use ONLY:

Were you aware the employee was performing this duty? Yes No Have you assigned this work? Yes No

Reason for assigning the duty: _____

Is the duty still being performed by the employee? Yes No How long will the employee perform the duty? End Date: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

7. Description of additional, higher level duty:

When did you start performing this duty? _____ Frequency: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

For Manager Use ONLY:

Were you aware the employee was performing this duty? Yes No Have you assigned this work? Yes No

Reason for assigning the duty: _____

Is the duty still being performed by the employee? Yes No How long will the employee perform the duty? End Date: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

8. Description of additional, higher level duty:

When did you start performing this duty? _____ Frequency: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

For Manager Use ONLY:

Were you aware the employee was performing this duty? Yes No Have you assigned this work? Yes No

Reason for assigning the duty: _____

Is the duty still being performed by the employee? Yes No How long will the employee perform the duty? End Date: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

9. Description of additional, higher level duty:

When did you start performing this duty? _____ Frequency: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

For Manager Use ONLY:

Were you aware the employee was performing this duty? Yes No Have you assigned this work? Yes No

Reason for assigning the duty: _____

Is the duty still being performed by the employee? Yes No How long will the employee perform the duty? End Date: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

10. Description of additional, higher level duty:

When did you start performing this duty? _____ Frequency: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

For Manager Use ONLY:

Were you aware the employee was performing this duty? Yes No Have you assigned this work? Yes No

Reason for assigning the duty: _____

Is the duty still being performed by the employee? Yes No How long will the employee perform the duty? End Date: _____

Average time spent on this duty _____ hours per day week month semester
 other _____

Section D: Supervision

Describe three important or significant decisions you make FREQUENTLY and INDEPENDENTLY in the course of your job:

1.

2.

3.

Please list the employee name and job title of any positions to which you provide work direction. (Include all classified personnel and student workers).

Section E: Self-Assessment

Based upon the information provided in the questionnaire, indicate which job classification you think most accurately reflects your job duties and why.

Section F: Required Signatures

Employee:

Submitted By: _____ Date: _____
Print Name – Employee

Employee Signature

Immediate Supervisor: *You must forward this completed document to the cabinet-level administrator within 10 working days of receipt.*

_____ Date: _____
Print Name – Immediate Supervisor

Immediate Supervisor Signature

Cabinet-Level Administrator: *You must forward this completed document to the employee within 10 working days of receipt from the immediate supervisor*

_____ Date: _____
Print Name – Cabinet-Level Supervisor

Cabinet-Level Supervisor Signature

Employee’s Final Comments: (Use additional paper if necessary.)

Supervisor’s Final Comments: (Use additional paper if necessary.)

Cabinet-Level Administrator’s Final Comments: (Use additional paper if necessary.)