

TACOMA PUBLIC SCHOOLS
Division of Human Resources

REQUEST FOR CLASSIFICATION REVIEW

To begin the official classification review process, complete the Request to Create/Revise/Reclassify form; complete this packet; secure required signature, and return to the Human Resources Department. Do not retype the form. Incomplete requests will be returned for completion.

If this job is held by a number of staff members, please submit only one classification review questionnaire for the group. Upon receipt of the completed questionnaire, you will be contacted to schedule a meeting with yourself, your Supervisor/Administrator, and Human Resources to review the position. Please refer to your negotiated agreement for information about the classification review process.

If you have any questions, please call **253-571-1250**.

Tacoma School District No. 10
Division of Human Resources
REQUEST TO CREATE/REVISE/RECLASSIFY JOB

Directions: Complete the attached form(s) in full and submit to the Human Resources Office. Please allow sufficient time for processing.

Please create a new description (worksheet attached)
 Revise an existing description (job description attached with edit marks in red or blue ink)
 Reclassification request: Current job title: _____
Current Bargaining unit: _____
Current classification: _____

This request is the result of filling a recent vacancy
 adding a new FTE (**Requires Deputy Superintendent Approval**)
 additional duties assigned to job
 reorganization
 other _____

Is there adequate funding: (**to be answered by supervisor**) _____

Proposed job title: _____

Proposed bargaining unit: _____

Expected classification: (optional – will not effect classification outcome) _____

Describe reason for the new position or changes in the existing position/job: (**to be answered by initiator**)

Describe how these changes effect other department/program positions: (**to be answered by initiator**)

Do you anticipate any other changes in department/program positions/jobs within the next six months? (**to be answered by supervisor**) yes no If yes, please explain in detail:

Initiator _____ Incumbent Supervisor Date: _____

Approval/Acknowledgment

Immediate Supervisor Date

Deputy Superintendent Date

Second Line Supervisor Date

Asst Superintendent, H.R. Date

Chief Financial Officer Date

After Approval forward to Human Resources
c: Immediate Supervisor
Second Line Supervisor
Marilyn Crabtree
Ron Hack
Rev. 7/27/09

**TACOMA PUBLIC SCHOOLS
Division of Human Resources**

**Classification Review Questionnaire
Employee Instructions**

A classification review request may be initiated by an employee or his/her supervisor. Classification reviews will be conducted in accordance with the pertinent collective bargaining agreement.

The classification review request will be considered when the following items are submitted:
(you may submit additional information by attaching pertinent documents to this form)

Your packet is ready to submit when:

- Incumbent(s) has completed section I & II.
- The job description is attached. *(You may edit it, if desired, but do not re-type it.)*
- Immediate Supervisor has completed section III and IV.

-or-

A copy of the questionnaire was submitted to the immediate supervisor on _____
and was not returned to the incumbent(s) from the Department/Division administrator
within 15 working days.

- All incumbents have been notified of this request. *(You may skip this step if your responsibilities and duties are significantly different than other incumbents in the position).*
- An organizational chart is attached, showing this position and its relationship to all other positions in your unit/section/department.

Please indicate if you would like to be represented by your association representative.

- Yes No (Check one)

Please forward this questionnaire to your immediate supervisor for completion of section III.

BE SURE TO MAKE A COPY FOR YOUR FILES

**CLASSIFICATION QUESTIONNAIRE
Tacoma Public Schools**

I. GENERAL INFORMATION

Name	Work location
Current Job Title	Proposed Job Title (if change is requested)
Current Salary Classification	Requested Salary Classification (optional)
Current Bargaining Unit	Proposed Bargaining Unit (if change is requested)
Name of Immediate Supervisor	Name of Next Highest Supervisor
Current Authorized Work Year	How long have you worked in this specific position?

LIST ALL POSITION INCUMBENTS BELOW:

Name	Work Location	Work Phone Number
<input type="checkbox"/> Check here if your responsibilities and duties are significantly different than other incumbents in the position.		

II. POSITION INFORMATION

This form will be used to obtain basic information about your job and will serve as a major tool in the classification review of your position. Therefore, you should be as clear and concise as possible. Since this form is intended for general use, some of the questions may not apply to your job. If not, indicate "not applicable". If the questions do apply, be specific and illustrate your statements with examples, when possible. **Please do not re-type this form.**

What major responsibilities have been added to your position?

What major responsibilities have been removed from your position?

Have the "additional" duties been performed by other employees in the past? If so, whom?

Why are the duties and responsibilities changing?

What other positions in the District do you perceive as being comparable to yours? Why?

Position Information (continued...)

Indicate your responsibilities for subordinate positions (if appropriate):

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Assign Work | <input type="checkbox"/> Check work | <input type="checkbox"/> Train new employees |
| <input type="checkbox"/> Evaluate | <input type="checkbox"/> Give input to evaluation | <input type="checkbox"/> Schedule work assignments |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Recommend hiring/dismissals | |

List titles or describe subordinate positions:

If written materials such as reports or letters are part of your duties, indicate the extent of your responsibilities:

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Compile | <input type="checkbox"/> Edit | <input type="checkbox"/> Compose | <input type="checkbox"/> Reproduce |
| <input type="checkbox"/> Type | <input type="checkbox"/> Develop | <input type="checkbox"/> Compute | <input type="checkbox"/> Calculate |

List any equipment, tools, or office machines used in performing your job duties:

List computer software applications used in performing your job duties:

Job contacts made by your position. Examples: School Board; Local/State Government Agencies; Legislative groups; Federal Government Agencies; General Public (parents, media, vendors); Students; District Management Team/Administrative Cabinet. Indicate frequency and purpose:

Does your position require unusual physical effort? If so, please describe.

Does your position require exposure to hazardous or unusual working conditions beyond the typical office or classroom situation? If so, please describe and indicate any special equipment/clothing required.

Position Information (continued...)

Explain the kind and amount of work guidance you receive from supervisors, manuals, or established procedure:

Explain in what way and how often your work is reviewed by your supervisor:

Position Information (continued...)

List in the order of importance, the most critical duties and responsibilities you perform on a regular basis and indicate in approximate percentage of time you spend on each function.

Approximate Percentage	Typical duties and responsibilities
100%	TOTAL

Submitted by: (If more than one person is submitting, all must sign and date.)

Signature	Date	Work Location
Signature	Date	Work Location
Signature	Date	Work Location
Signature	Date	Work Location

TACOMA PUBLIC SCHOOLS

Division of Human Resources

Classification Review Questionnaire Supervisor Instructions

Sections III and IV of this questionnaire are for your completion. As the immediate supervisor reviewing this form, you are responsible for verifying that the statements made constitute a true and accurate description of the duties and responsibilities of the job. However, please do NOT alter any statements made by the employee in Section II. Complete all parts of section III and obtain a signature for section IV. Upon completion, please forward the materials to the Department/Division administrator for his/her signature thereby acknowledging review of this request. The completed questionnaire should be returned to the employee making the request within 15 working days.

Any questions should be addressed to the Human Resources Office by calling **571-2141**.

III. SUPERVISORY REVIEW/COMMENTS

Please review the statements made in Section II - Position Information and note any discrepancies.

Are any of the major functions listed on page 3 performed by other employees in your section/department?

Yes No If "yes," list the functions and the other employee (s) who share those responsibilities:

Indicate the minimum qualifications you would recommend for this position: (Please keep in mind the position itself and not the individual who now occupies it).

Education:

Experience (length and type of experience):

Skills:

Abilities:

Knowledge of:

Special licenses/certificates:

Desirable qualifications (but not required):

What decisions can the position incumbent make on his/her own?

Describe the consequences of a decision error for this position.

Provide rationale for the assignment of additional duties and responsibilities to this position.

Additional Comments:

Please sign and forward to the Department or Division Head.

Immediate Supervisor Signature

Date

IV. DEPARTMENT/DIVISION HEAD REVIEW

Comments:

Dept./Division Head Signature Date