



Job Family Studies Classification Review Form

1. BACKGROUND INFORMATION

Name: _____ Class Title: _____

Name of Division/Department: _____ Working Title: _____

Work Telephone Number: _____ Ext: _____

Length of time in Present Position: Years _____ Months _____

Name and title of Immediate Supervisor: _____

Reason for submitting:

Scheduled Job Families Study Working out of Class Compensation Review

Does Your Current Class Title Accurately Describe Your Position? Yes No

If Not, What Class Title Do You Believe Better Describes Your Position? Please Explain.

2. BASIC FUNCTION

What basic function does your position serve in assisting your department to fulfill its purpose; what is the major reason or purpose for your work?

3. ESSENTIAL DUTIES

After reviewing your classification description, please list any job duties that are no longer required for the position, or how the statement should be modified to reflect current practices, if applicable. You may wish to include a copy of the job description with your edits to provide additional information to Personnel Commission staff. Current classification descriptions can be found on the Human Resources page of the district website www.lmsvschools.org

ESSENTIAL DUTIES OF CLASSIFICATION	REMOVE?	REVISE?	RECOMMENDATION FOR REVISION

4. ADDITIONAL DUTIES

List any job duties that you are performing that are not reflected in the classification description. Describe each duty thoroughly by stating specifically what you do and how you do it. State how long you have been performing the duty. State the frequency the duty is performed and the level of importance. What would happen if you no longer performed this duty (i.e. another employee would be assigned the task, there would be fiscal consequences, students would be affected, etc.)?

Frequency: D = Daily, W = Weekly, M = Monthly, A = Annual

Importance: 1=Minor, 2= Average, 3= Critical

Duty	Frequency	Importance

3. How do these additional duties impact your overall responsibility?

Describe how these additional duties affect the qualifications (knowledge, abilities, education, experience, licenses and certifications) required for your classification.

5. CONTACT WITH OTHERS

A. Internal Contacts

With what other departments/positions do you come in contact?

What is the reason for the contact?

How frequently?

If each day or so, enter "C" for "continuous", if each week or so, enter "F" for "frequent", if every several months, enter "M" for "moderate", if once every six months or more, enter "I" for "infrequent".

Are these contacts required as a result of the duties you believe are outside your current job description? Yes No

<u>Department/Position</u>	<u>Reason</u>	<u>How Often</u>

B. Outside Contacts

With what other organizations, agencies or authorities outside the County Office organization do you come in contact (if any) during the normal course of your duties?

What is the reason for this contact?

How frequently (“continuous”, “frequent”, “moderate” or “infrequent”)?

Are these contacts required as a result of the duties you believe are outside your current job description? Yes No

<u>Outside Organization</u>	<u>Reason for Contact</u>	<u>How Often</u>

6. DECISIONS

A. Type

Describe the most difficult and/or major decisions you make in the course of your work as you perform the duties you believe are outside your current job description.

B. Review

What review is made of your decisions by others? Who reviews? For what reason?

7. SUPERVISION

A. Subordinates

List the **classification titles** of employees for whom you serve as “lead” or “supervisor”. Place an “L” if you serve as a lead or an “S” if you are a direct supervisor. Indicate number of employees in each classification. Has this number increased or decreased in the last 3 years?

Classification	No.	Increase (Y/N)	Number Increased	Decreased (Y/N)	Number Increased

B. Supervision/ Direction received:

Please select one of the following types and amount of supervision that best describes the type and amount of supervision that your position receives:

- My supervisor frequently checks my job activities.
- I work alone on routine or regular work assignments and check with my supervisor on non-routine assignments or when in doubt as to the correct procedures to follow.

8. EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS

Indicate the qualifications and requirements for successful performance that should be required in filling a future vacancy in your position. Describe what you believe is necessary for proper performance, not necessarily your own qualifications. Indicate your reasons for selecting these requirements.

Minimum Formal Education: _____

Specialized Training (Years and Type): _____

Previous Experience (Years and Type): _____

Licenses, Certification or Registration: _____

Training Period (required for a new employee possessing the qualifications above): _____

9. KNOWLEDGE AND SKILLS

List the specific knowledge and skills a person must have to successfully perform your job (e.g. communications skills, equipment operation skills, supervisory skills, knowledge of technical areas, knowledge of rules, regulations, etc.)

10. JOB CONDITIONS AND HAZARDS

A. What is the environment in which you perform your duties?

B. Please list the physical requirements of your position (e.g. lifting, climbing, standing, bending, pushing, visual, hearing or verbal requirements). Please be specific.

C. Are there unpleasant or hazardous working conditions in or on your job (e.g., extreme heat, fumes, high voltage, traffic, gases, hazardous materials, chemicals or abusive individuals)? If so, describe them and indicate how long you are exposed to them.

11. OTHER FACTORS

If you wish to present additional information about your job, use this space.

Employee's Signature
(REQUIRED)

Date

NEXT STEPS

Please submit this form to your immediate supervisor upon completion. Your supervisor must complete the "Supervisor's Review" portion of this form. This completed form, including the "Supervisor's Review" must be to the Personnel Commission Office. If this form is for the Job Family Study, please refer to the deadlines provided.

Questions? Please contact:

C. Xavier Thomas, Director, Classified Personnel (x6483) or Xavier.thomas@lmsvschools.org

Ali Junker, Human Resources Analyst (x6376) or Alison.junker@lmsvschools.org

SUPERVISOR'S REVIEW

Do you agree that the employee is performing the additional duties indicated on this form?

Yes No

If yes, please explain what has caused the described change in duties? If no, please explain why you disagree?

If yes, do you agree with how long this employee has been performing additional duties? Yes No

Is there a departmental need to change the assignment of additional duties? Yes No

Does the completed questionnaire accurately reflect the duties of the employee? Yes No

If no, please explain why and indicate the specific questionnaire item(s).

We strongly encourage and appreciate any further information and input you can provide. Please include comments supportive of this employee's questionnaire, including any requested title changes.

Have you discussed this review with the employee? Yes No

Signature of Immediate Supervisor	Date	Work Phone Number
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Please return this form (Employee and Supervisor portions) to the Personnel Commission Office. If this form is for the Job Family Study, please refer to the deadlines provided.

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