

REPRESENTED CIVIL SERVICE EXEMPT STAFF (REPRESENTED CSES) POSITION REVIEW QUESTIONNAIRE

To Employees: For information on the position review process, please visit the UWHR Compensation website. Complete the Position Review Questionnaire. Keep a copy of the form for your records and give the completed form to your supervisor to review and forward. You may attach additional information you believe will clarify the job duties assigned to your position. Employees and employee representatives may not request that a position be reviewed more often than once every six (6) months.

To Supervisors: Review the employee's statements and complete the "Supervisor Review" section. Fulfill unit review requirements and send the completed form to the Human Resources Compensation Office within 30 days of receipt, as applicable.

Optional Process: A supervisor or manager may initiate the position review process on behalf of an employee. In this circumstance, the employee must review the request, make any clarifications, and sign the "Employee Review" section.

Note: This form works best when used in Adobe rather than a browser.

SECTION I – EMPLOYEE INFORMATION			
Employee Last Name:	First Name:	Middle Initial:	Employee ID Number:
Employee Phone:	Email Address:		Position Number:
Department:	Work days and hours, if other than Monday-Friday, 8 a.m. to 5 p.m.:		Work Location:
Supervisor Name and Title:	Supervisor Phone:	Supervisor Email Address:	
Department Administrator Name:	Department Admin Phone:	Department Administrator Email Address:	
Dean/VP/Admin Name:	Dean/VP/Admin Phone:	Dean/VP/Admin Email Address:	
Working Title: If different than the current job classification, please state what it is:			
Has an ingrade or promotional salary increase been awarded in the past 12 months?			Yes No
Has a performance evaluation been conducted within the past 12 months?			Yes No

SECTION II – PROPOSED CHANGES (salary adjustment section completed by authorizing budget approver)		
Current Job Code:	Current Grade:	Proposed Salary Adjustment Information
Current Job Profile:		Effective Date:
Proposed Job Code:	Proposed Grade:	Current FT Monthly Salary:
Proposed Job Profile:		Current FT Annual Salary:
Position Review Packet Includes: • Represented CSE Position Review Questionnaire (this document) • Research Scientist/Engineer Questionnaire (if applicable)		New FT Monthly Salary:
		New FT Annual Salary:
		Percent Pay Increase:

SECTION III – JUSTIFICATION FOR REQUEST	
Describe what has changed.	

SECTION IV – POSITION INFORMATION	
Position Purpose: Summarize the main reason(s) your position exists, in three to four sentences. This statement should include the position's general function and overall level of responsibility, complexities, and impact to the university.	
Specify the job classification you think provides the best match for your position.	
Do Not Know (Check this space if you do not have an opinion about the proper classification for your position.)	
How long have you performed the duties that you believe fall outside of your current classification?	
Describe any specialized education, training, skills, or certification required to perform your duties.	

Position Responsibilities/Duties Describe your major duties (those which take at least 5% or 2 hours per week to perform). Omission of % of time information could result in delay of review.	%	Check if outside of current class

Position Responsibilities/Duties Describe your major duties (those which take at least 5% or 2 hours per week to perform). Omission of % of time information could result in delay of review.	%	Check if outside of current job class

The employee must meet the minimum requirements of the proposed job profile's class specification.

Find Represented CSE job class specifications here:

<https://hr.uw.edu/comp/represented-civil-service-exempt-staff/job-profile-list-and-specs/>

I confirm the employee meets the minimum qualifications of the proposed job profile.

Yes

No

Decision-making Authority: Provide some examples of decisions you make without consulting with your supervisor.

Organizational Chart:

Please either submit a current organizational chart that shows the following information or complete the chart below. If a position is vacant, list the job profile and write "vacant" in place of the employee's name:

Position's Supervisor and Working Title

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Direct Reports:

Employees Directly Supervised by This Position (indicate if permanent or temporary).

Employee Name	Job Profile	Supervise	Lead	FTE
		☐	☐	%
		☐	☐	%
		☐	☐	%
		☐	☐	%
		☐	☐	%
		☐	☐	%

Lead Definition: A lead employee has delegated responsibility for training; assigning, organizing or scheduling work; and reviewing completed work assignments. A lead worker does not make hiring decisions, conduct formal job performance evaluations or have the authority to decide that a disciplinary action recommendation will be prepared.

Supervisor Definition: A supervisor has authority to hire staff, establish job performance standards, evaluate job performance, and take corrective action if performance is not acceptable. Supervisors are also responsible for training, assigning and scheduling work, and acting upon leave requests.

If your position trains others, such as students or faculty, but you do not control their work assignments or work schedule, include your training responsibilities in the "Job Duties" section.

Budget Authority: Complete this section only if this position has responsibility for:

Maintaining fiscal records and/or
Controlling or authorizing the expenditure of funds

Examples:

- Total annual state funds: = \$
- Total annual grant and contract funds: = \$
- Total number of grants and/or contracts: = \$
- Total self-sustaining funds: = \$
- Total annual **budget** for which you have responsibility: = \$

Other (please explain):

SECTION V – EMPLOYEE REVIEW

This position review was **initiated** by:

Employee ☐ Supervisor

This position review questionnaire was **completed** by:

☐ Employee ☐ Supervisor

If completed by the employee, the information I have provided is accurate and complete.

Employee Signature:

Date:

If completed by the supervisor, **the employee must indicate their agreement** with the following statement:
This information provided in this form is an accurate and complete description of my duties.

Agree Disagree

If you do not agree with any of the information on this Position Questionnaire, please explain below or attach a document clarifying the issue(s) of concern.

Employee signature:

Date:

SECTION VI – SUPERVISOR REVIEW

Note: Reclassification requests submitted at the departmental level must be forwarded to Human Resources within thirty (30) calendar days.

The information on the position questionnaire is accurate and complete.

Agree Disagree

If you do not agree with any of the information on this Position Questionnaire, please explain below or attach a document clarifying the issue(s) of concern.

Check the statement that most accurately describes the level of supervision you exercise over this position:

☐ Work assignments are generally recurring and/or the employee receives instructions and deadlines for each work assignment. Tasks are reviewed upon completion.

☐ Work assignments vary. The employee is given general priorities but determines work methods and the order in which tasks will be completed.

The employee is given general job goals and responsibilities and determines tasks to be completed and work methods.

Give examples of decisions that the employee is authorized to make without your prior review:

Add any additional information that you believe should be considered in the review of this position:

SECTION VII - AUTHORIZING SIGNATURES	
Supervisor Signature	Unit Head Signature
Supervisor Signature Date	Unit Head Signature Date
Supervisor Name and Business Title	Unit Head Name and Business Title
Additional Signatures – For use per organization policy as needed Examples: Department Chair, Administrator, Manager, Dean, VP, Med Ctr CEO, Delegated Authority, etc.	
Additional Required Signature	Additional Required Signature
Additional Required Signature Date	Additional Required Signature Date
Additional Required Signature Name and Business Title	Additional Required Signature Name and Business Title

NOTIFICATIONS	
Email Approval Notification Box Only those listed in this box will be notified of approval by email. Please include the name and email address for all employees who should be notified, including the employee.	
Name:	Email Address:

Distribution: Return to the Human Resources Compensation Office.