

DATE RECEIVED Supervisor/Department:
Human Resources:

CLASSIFIED POSITION REVIEW QUESTIONNAIRE

To Employees: Complete the Position Review Questionnaire after reading the Classified Position Review Questionnaire instructions. Keep a copy of the form for your records, and give the completed form to your supervisor to review and forward. For additional directions and explanation of this review process, please go to:
<http://www.washington.edu/admin/hr/roles/ee/comp/classified/positionrvw-guide.html>

Additional Information: Attach extra pages to provide any other information you believe will be helpful in understanding the job duties assigned to your position.

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. If you disagree with any of the employee's statements, please discuss the Position Review Questionnaire with the employee.

Optional Process: *The employee's manager may assist the employee in completing all or part of this form. The employee must then review and sign the form, noting any clarifications.*

SECTION I – EMPLOYEE INFORMATION			
Employee Last Name:	First Name:	Middle:	Employee ID Number: - -
Telephone: - -	Email Address:	Box Number:	Position #:
Department:	Building and Room Number:	Work Days and Work Hours if other than Monday through Friday, 8 a.m. to 5 p.m.:	
Supervisor Name and Title:	Telephone: - -	Email Address:	Box Number:
Department Administrator Name:	Telephone: - -	Email Address:	Box Number:
Dean/Vice President/Administrator Name:	Telephone: - -	Email Address:	Box Number:
Payroll Contact <i>if not listed above:</i>	Telephone: - -	Email Address:	Box Number:
Working Title – If different than the current job classification, please state what it is:			

SECTION II – POSITION INFORMATION
<p>1. 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.</p>
<p>2. Specify the job classification you think provides the best match for your position.</p> <p><input type="checkbox"/> Do Not Know (Check this space if you do not have an opinion about the proper classification for your position)</p>
<p>3. How long have you performed the duties that you believe fall outside your current job classification?</p>

4. Describe any specialized education, training, skills, or certification required to perform your duties.

5. Main Job Duties: Describe your major duties (those which take at least 5% or 2 hours per week to perform.) *Attach additional sheets if necessary.*

Job Duties	% Time <i>Total Must Equal 100%</i>	X If Outside Job Class

(Omission of % of time information could result in delay of review.)

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

7. 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 title and write "vacant" in place of the person's name):

If you submit a current organizational chart, please be sure it contains the following information

Name and Title of Your Manager's Manager

The Name and Title of Your Manager – This is the person who is responsible for establishing your job performance standards, evaluating your job performance, acting upon leave requests and if necessary, would be responsible for initiating corrective action or hiring your replacement.

Names and Payroll Titles of Others Reporting to Your Manager

Names and Payroll Titles of People You Lead or Supervise – Please indicate

- Whether your responsibilities are to lead* or supervise**
- The FTE (Full Time Equivalent) for each employee led or supervised
- Whether the person is permanent or temporary

Complete the chart below only if you do not submit a current organizational chart from your department.

Next Level Supervisor/Manager

Your Supervisor

Other Positions Reporting to your Supervisor - Name and Job Class or Title

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Your Subordinates

Employee Name and Job Class Title (Specify Student Helpers)	Supervise	Lead	Permanent	Temporary	% Time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

* **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.

8. Budget Authority: Complete this section only if you have responsibility for:

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

Check appropriate box(es).

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

SECTION III – EMPLOYEE REVIEW

9. Employee Review:

This position review was initiated by: Employee Supervisor **This position review 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:

This Questionnaire has been prepared by my supervisor and I agree disagree that this is an accurate and complete description of my duties.

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

Employee Signature: _____ Date: _____

SECTION IV – SUPERVISOR REVIEW

10. Supervisor Review:

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

The information on the position questionnaire is accurate and complete. Yes No

If you do not agree with any of the information on this Position Questionnaire, please explain below or attach a page 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 V – SIGNATURES

_____ Supervisor Signature	_____ Date	_____ Unit Head Signature	_____ Date
Supervisor Name (print or type)		Unit Head Name (print or type)	
Additional Signatures (For use per organization policy)			
_____ Signature	_____ Date	_____ Signature	_____ Date
Name (print or type)		Name (print or type)	