



# Classified Staff Position Review Questionnaire

## Instructions

For additional directions and explanation of this review process, please go to: <https://hr.uw.edu/comp/classified-staff/classification-review-process/>. **Note:** Reclassification requests submitted at the departmental level must be forwarded to UW Human Resources within thirty (30) calendar days.

### 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. Attach extra pages to provide any other information you believe will be helpful to understand 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 HR Compensation Office within 30 days of receipt. If you disagree with any of the employee's statements, please discuss with them prior to submitting this form. If you and the employee still disagree, please explain below or attach a document clarifying the issue(s) of concern and discuss the Position Review Questionnaire with the employee.

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

## Employee Information

First and Last Name

EID

Position Number

Working Title

Email Address

Department

Building and Room

Work Schedule

## Supervisor Information

First and Last Name

Email Address

Job Profile

Working Title

## Review Information

Specify the job classification you think provides the best match for your position or leave blank if you do not know:

How long have you performed the duties that you believe fall outside your current job classification?

## Position Information

### Position Purpose

Summarize your current function and level of responsibility in three to four sentences. Please focus on position duties rather than your individual credentials, and do not copy language from a class specification.

### Decision Making Authority

Provide some examples of decisions you make without consulting with your supervisor.

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

### Budget Authority

Complete this section only if this position has responsibility for the following (check one or both):

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

Including:

- 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 fiscal responsibilities, if any:

Position Responsibilities/Duties

Describe your major job 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.

Job Duties	% Time (Total must equal 100%)	"X" if Outside Current Job Class

## Organizational Chart

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

Employees Directly Supervised or Led by This Position				
Employee Name	Job Profile	Supervise	Lead	FTE (%)

**Lead Definition:** A lead 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.

## Minimum Qualifications

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

Find classified staff job class specifications here: <https://hr.uw.edu/comp/classified-staff/job-profile-list/>

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

Yes

No

## Employee Review

**Note:** Only one selection should be indicated for the first question below.

1. This position review was initiated by:                      Employee                      or                      Supervisor
2. This position review questionnaire was completed by:                      Employee                      and/or                      Supervisor

### If completed by the employee:

The information I have provided in this questionnaire is accurate and complete (sign and date):

Employee signature:

Date:

### If completed by the supervisor:

The information provided by my supervisor in this questionnaire is accurate and complete (agree or disagree):

Agree

Disagree

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

Employee signature:

Date:

## Supervisor Review

Check one 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:

If this review was initiated by the supervisor, please specify the requested effective date for review:

The information provided in this questionnaire is accurate and complete.

Agree

Disagree

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

## Authorizing Signatures

Supervisor Signature

Supervisor Signature Date

Supervisor Name and Job Profile

Unit Head Signature

Unit Head Signature Date

Unit Head Name and Job Profile

**Additional Signatures:** As needed for use per your organization policy, such as: Department Chair, Administrator, Manager, Dean, VP, Med Ctr CEO, Delegated Authority, etc.

Additional Required Signature

Date

Name and Job Profile

Additional Required Signature

Date

Name and Job Profile

☐ I confirm all necessary approvals.

## Approval Notifications

Only those listed in this box will be notified of approval by email; include name and email address for up to four contacts other than the employee. (HR Compensation will include the employee by default.)

Name

Email

Name

Email

Name

Email

Name

Email

*If an accommodation is needed in the completion and submission of this form, please contact the sponsoring unit.*

Human Resources Compensation Office | Campus: [uwhrcomp@uw.edu](mailto:uwhrcomp@uw.edu) | Medical Centers: [medcomp@uw.edu](mailto:medcomp@uw.edu)

Revised: 3/18/2025