

## REPRESENTED CIVIL SERVICE EXEMPT STAFF (REPRESENTED CSEs) POSITION REVIEW QUESTIONNAIRE

**To Employees:** 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. For information on the position review process, please visit the UWHR Compensation website. You may attach additional information you believe will clarify 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.

**Please note that employees and employee representatives may not request that a position be reviewed more often than once every six (6) months.**

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

SECTION I – EMPLOYEE INFORMATION			
Employee Last Name:	First Name:	Middle:	Employee ID Number:
Telephone:	Email Address:		Position #:
Department:	Phone 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:	
Department Administrator Name:	Telephone:	Email Address:	
Dean/Vice President/Administrator Name:	Telephone:	Email Address:	
Working Title – If different than the current job classification, please state what it is:			
Has an in-grade or promotional salary increase been awarded in the past year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a performance evaluation been conducted within the past year (IHME, UAW-RSE, LIB PLE)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II – PROPOSED CHANGES		
Proposed Job Code:	Proposed Job Profile	Proposed Grade:
Review Packet Includes:		Proposed Salary Adjustment
<ul style="list-style-type: none"> <li>Represented CSE Position Review Questionnaire (this document)</li> <li>Research Scientist/Engineer Questionnaire (if applicable)</li> </ul>		Effective Date:
		FT Monthly Salary: \$
		FT Annual Salary \$
		% Pay Increase:

SECTION III – JUSTIFICATION FOR REQUEST	
Describe what has changed.	

SECTION IV – POSITION INFORMATION	
<p><b>Position Purpose:</b> 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.</p>	
<p><b>Specify the job classification you think provides the best match for your position.</b></p>	
<p><input type="checkbox"/> <b>Do Not Know</b> (Check this space if you do not have an opinion about the proper classification for your position)</p>	
<p><b>How long have you performed the duties that you believe fall outside your current job classification?</b></p>	
<p><b>Describe any specialized education, training, skills, or certification required to perform your duties.</b></p>	

**Main Job 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.

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

**The employee must meet the minimum qualifications of the proposed job profile's class specifications.** 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**

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**Subordinates**

Employees Directly Supervised by This Position (Indicate if permanent or temporary employee)				
Employee Name	Job Profile	Supervise	Lead	FTE
		<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.*

**Budget Authority:** Complete this section only if you have 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 annual self-sustaining funds: = \$
- Total annual budget or funds for which you have responsibility: = \$

Other (please explain):

SECTION V – EMPLOYEE REVIEW			
<b>This position review was initiated by:</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Supervisor	<b>This position review questionnaire was completed by:</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Supervisor
<b>If completed by the employee:</b> The information I have provided is accurate and complete. Employee Signature: _____ Date: _____			
<b>If completed by the supervisor, the employee must indicate their agreement with the following statement:</b> This information provided in this form is an accurate and complete description of my duties.  <div style="text-align: right;"> <input type="checkbox"/> Agree      <input type="checkbox"/> Disagree         </div>			
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
<b>Note:</b> <i>Reclassification requests submitted at the departmental level must be forwarded to Human Resources within thirty (30) calendar days.</i>
<b>The information on the position questionnaire is accurate and complete.</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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.  <div style="height: 100px;"></div>
<b>Check the statement that most accurately describes the level of supervision you exercise over this position:</b>
<input type="checkbox"/> Work assignments are generally recurring and/or the employee receives instructions and deadlines for each work assignment. Tasks are reviewed upon completion.
<input type="checkbox"/> Work assignments vary. The employee is given general priorities but determines work methods and the order in which tasks will be completed.
<input type="checkbox"/> The employee is given general job goals and responsibilities and determines tasks to be completed and work methods.
<b>Give examples of decisions that the employee is authorized to make without your prior review:</b>  <div style="height: 50px;"></div>
<b>Add any additional information that you believe should be considered in the review of this position:</b>  <div style="height: 50px;"></div>

AUTHORIZING 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; i.e. Department Chair, Administrator, Manager, Dean, VP, Med Ctr COO, Delegated Authority, etc.)

Signature	Date	Signature	Date
Name (print or type)		Name (print or type)	

**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.