

PORTLAND COMMUNITY COLLEGE

Job Review Questionnaire

PLEASE SEND COMPLETED QUESTIONNAIRE TO HR/COMPENSATION AT CA SSB 300.

Request for Classification Review

The “Job Review Questionnaire” form has been developed by Human Resources/Compensation to assist employees in requesting a review of their jobs. It is designed to be filled out by the employee in the position or it may be filled out by the manager if the position is vacant or new duties have been assigned. The information provided will be used to document the roles, responsibilities and requirements of the position and to determine if the current classification, or some other classification, is appropriate.

Recent revisions were made to the “Job Review Questionnaire” in order to capture as much information as possible at the beginning of the review process. The additional questions cover the areas of information needed to better understand the job under review. Obtaining additional information from the start will help Human Resources/Compensation to process requests more quickly.

Generally, a job review will only be conducted if there have been significant changes in the position since it was last reviewed or the current classification is clearly not appropriate given the nature and scope of the job at the present time. Job reviews will not be conducted solely on the basis of an increased workload or individual work performance.

When a job review is conducted, it will involve communication with the employee and their manager to gather additional information. At the conclusion of the job review, a job classification report will be published indicating the findings and recommendations. Employees will be notified in writing of the outcome of the job review. If a job review results in a finding that an employee has been working at a higher classification level, the reclassification will be made retroactive to the beginning of the first pay period following the date the request was filed with Human Resources.

PROCEDURE AND FORM

1. Respond to all questions on pages 2 through 6. The form is designed to allow you to type directly into the document or if you prefer you can print the form and fill it out by hand. If you want to include information you cannot “fit” in the space provided please attach additional documentation as necessary.
2. Please be sure to sign and date the form on page 6.
3. It is important to send the completed questionnaire directly to Human Resources to establish a date of receipt which determines the effective date of any salary change should the job be reclassified. Human Resources will date stamp the questionnaire, log-in the request, and obtain the necessary management approvals.

Please contact Human Resources/Compensation at x5861 or x5822 if you have questions or need additional information.

PORTLAND COMMUNITY COLLEGE

Job Review Questionnaire

Employee Name:		Date:	
Job Title:		Grade Level:	
Supervisor Name:		Employee Phone:	

Please indicate your Employee Class by checking the appropriate box:

- Classified
 Academic Professional
 Confidential
 Supervisor/Manager

Please indicate the reason for submitting this job audit request by checking the appropriate box:

- New and/or changed job responsibilities (please specify in the space below)
 Other: (please specify in the space below)

- 1. Working Title:** What is the job title you use in conducting business for PCC (*if other than your classification title*)?

- 2. Job Overview:** Give a brief overview of the purpose of your position at PCC. If you met somebody for the first time and they asked you what you did for a living, what would you tell them?

- 3. Essential Responsibilities:** List the *top 4-6 essential responsibilities* of your job in order of priority. Estimate the percentage of your time spent on each. In estimating the time, please use increments of no less than 5%. Responsibilities that are less than 5% may be grouped under a heading, i.e.; "Other Responsibilities." When essential work is periodic or seasonal in nature, consider how much time is spent over a full year. **NOTE:** A week of work (40 hrs.) dedicated to a single responsibility equals about 2% of work for full-time. The total should add up to 100%.

Check if new or changed		SUMMARY OF ESSENTIAL RESPONSIBILITIES	% of time
<input type="checkbox"/>	1		
<input type="checkbox"/>	2		
<input type="checkbox"/>	3		
<input type="checkbox"/>	4		
<input type="checkbox"/>	5		
<input type="checkbox"/>	6		
TOTAL OF PERCENTAGES:			

Are you charged with any additional responsibilities related to your job which are critical but performed on an as-needed basis (not included in essential responsibilities above)? Please describe them in the space below.

4. Lead and/or Supervision: Are you a designated lead or supervisor of other employees, *other than casual or work-study*? NOTE: Project/Program managers with no direct reports do not need to fill out this section.

- Yes, I am a designated lead.
- Yes, I'm a manager/supervisor.
- No, I don't lead or supervise other employees. *Please go to section 5.*

For each of the areas below, please indicate if you have "Primary" responsibility or if you "Participate In" the work.

<u>Primary</u>	<u>Participate In/Assist</u>		<u>Primary</u>	<u>Participate In/Assist</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Assigning, coordinating tasks	<input type="checkbox"/>	<input type="checkbox"/>	Performance evaluation
<input type="checkbox"/>	<input type="checkbox"/>	Monitoring, reviewing work	<input type="checkbox"/>	<input type="checkbox"/>	Discipline
<input type="checkbox"/>	<input type="checkbox"/>	Ongoing training and/or coaching	<input type="checkbox"/>	<input type="checkbox"/>	Hiring
<input type="checkbox"/>	<input type="checkbox"/>	Scheduling work and resources	<input type="checkbox"/>	<input type="checkbox"/>	Termination

Please list titles of jobs and number of employees for which you are the designated lead or supervisor.

<u>Title</u>	<u>Number of employees</u>	<u>Title</u>	<u>Number of employees</u>

If you have an org chart to show how your group fits into the larger organization, it would be helpful to provide it.

5. Decisions: Please check the boxes for the types of decisions you are expected to make. Also, indicate whether the decisions are made "Independently" or if they are made "In Consultation" with your manager.

	<u>Types of Decisions</u>	<u>Independently made</u>	<u>In Consultation with manager</u>
<input type="checkbox"/>	How to structure my work and schedule my day.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	How best to accomplish what needs to get done.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	How to apply job-related policies, procedures, and/or guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	How best to utilize PCC's resources (financial, equipment, buildings, staff)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	How and when I need to include my manager vs. acting independently.	<input type="checkbox"/>	<input type="checkbox"/>

Please give examples of the types of decisions that you are expected to make independently. Describe both Typical decisions (those that are generally reflective of the job) and those that are Challenging (not as common, but happen.)

Typical	
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Typical	
Challenging	

6. Impact of Decisions: If someone in your position made a serious error in judgment, what would/could it be, how would the error be found and corrected, and what would be the impact be to PCC?

Error in Judgment	
How found and corrected	
Impact to PCC	

7. Contacts: Please complete the following section indicating the *normal/typical/regular* contacts required in carrying out your job responsibilities. In the “General Purpose of Contact” for both internal and external sections, please provide some explanation about the purpose of the contact; i.e. “Vendors: To purchase supplies and check on orders.”

Internal Contacts:

	Contacts	Daily	Weekly	Monthly	Academic Term	General Purpose of Contact
<input type="checkbox"/>	Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Immediate co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Within the larger department/division in which you work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Within other specific departments, campuses or centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	District-wide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

External Contacts:

	Contacts	Daily	Weekly	Monthly	Academic Term	General Purpose of Contact
<input type="checkbox"/>	General Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Vendors and/or Subcontractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Public agency representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other colleges and/or universities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Media/Reporters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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8. Working Conditions: Please check the items which represent “Required Working Conditions” that relate to your job. For those that do relate, indicate the typical frequency of occurrence by checking the appropriate box.

Required Working Conditions		<u>Constant</u>	<u>Daily</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Seldom</u>
<input type="checkbox"/>	Indoors work area, general office and/or other settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Outdoors work, exposed to weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Focusing on computer monitor (at least one hour at a time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dealing with distraught or difficult individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Finger, hand, or arm movements (repetitively)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Standing or walking (at least one hour at a time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Unassisted lifting, carrying, or moving objects (20–50 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stooping, bending, kneeling, crouching (repetitively)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Climbing, working at heights, balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Confined spaces with physical restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Wearing protective gear and/or clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Handling/exposure to hazardous chemicals and/or materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Exposure to diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Exposure to high-voltage electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Exposure to high noise levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Exposure to/operate power machinery and/or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Operate a motor vehicle on public roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Education & Experience: What are the minimum requirements one would need to meet to be considered a candidate for the job? What are desired qualifications, if any?

NOTE: In completing this section, please think in terms of position requirements that would be used in recruiting for job candidates, rather than detailing your own background.

Minimum Required	Desired	Education
<input type="checkbox"/>		High School Diploma or G.E.D.

<input type="checkbox"/>	<input type="checkbox"/>	Certification or License (specify)
<input type="checkbox"/>	<input type="checkbox"/>	Associate's degree (specify degree program)
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree (specify degree program)
<input type="checkbox"/>	<input type="checkbox"/>	Master's / other advanced (specify degree program)
<input type="checkbox"/>	<input type="checkbox"/>	Other education

NOTE: Education and/or experience may substitute for specific degree requirements.

Minimum years	Experience
	<u>Job-related, specialized or technical experience:</u> (specify)
	<u>Supervisory experience (if it applies):</u> (specify)

10. Prior Employment: Please provide the requested information for your previous employer...other than PCC.

Employer/ Company Name:		City, State	
Job Title:		Date Left:	

Is that employer part of (please check one): Higher Education Public Sector Private Sector

Employee Signature: Please print, sign and date the completed form and send it to **HR/Compensation, CA SSB 300.** HR/Compensation will date stamp and log in your classification review request. The date of receipt establishes the effective date for any salary adjustment should the job be reclassified.

Employee Signature:	Date:
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Management Review, Comments and Approvals:

- I support this request and agree with my employee's perspective.
- I do not support this request and believe the job is appropriately classified.

Comments: *Please provide substantive information which supports the request for a job reclassification or your reasons for not supporting the request.*

Signatures:

Immediate Supervisor/Manager

Date

Department/Program Manager

Date