

OAKLAND UNIVERSITY

Clerical-Technical Classification/Reclassification Questionnaire

Purpose

This classification/reclassification questionnaire form is designed to assist you in describing your job or position.

Instructions and Process

Please read this entire classification/reclassification questionnaire over carefully before answering any of the questions. In filling out the questionnaire, please print in ink or type if possible. Answer each question as specifically and as completely as possible. If a particular question does not apply to your job, fill in the words “none”, “no”, or “does not apply”.

When the questionnaire is completed return it to your supervisor for his/her review and completion of the last page. Your supervisor does not have authority to determine whether or not your job duties are appropriately classified. The questionnaire will then be forwarded to the Personnel Department. Compensation professional(s) in the Personnel Department will then evaluate your job duties; the Personnel Department has the sole authority to make the final decision to grant or deny your classification/reclassification request.

Your cooperation is earnestly requested.

Personal Information

Date: _____

Name: _____

Present Title: _____

Department: _____

Division: _____

College or School _____

Level of Education Completed: _____

Name of Immediate Supervisor: _____

Title: _____

Description of Duties and Responsibilities

Using your own words describe in detail the work you do. Use additional sheets if necessary. Use great care to give clear and complete statements.

Regular Duties:

Regular Duties (cont.)

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Periodic Duties (duties performed at recurring fixed intervals):

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[illegible]

Occasional Duties:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Educational Requirements of Your Position (State what you think is required, not your own education):

Experience and Training Required for Your Position (Consider and state what you think should be the combined amount of pervious experience and training required to fulfill your position):

Job Knowledge (What equipment or specific knowledge is required to perform your job? (i.e. office machines, special processes, materials, techniques, formulas, government regulations, licenses):

Work Planning (What percentage of your work is repetitive? Do you frequently meet with new situations? Explain):

Accuracy (How much accuracy and precision is required to perform your work successfully? What are the tolerances permitted? What damage or loss would result from an error?):

Confidential Data (Does your position require working with confidential data? If so, please explain.):

Contact with Others (State the nature, extent and frequency of contacts you have with, or assistance rendered to, other departments, students, academic staff or public.):

Judgment and Discretion (Does the work of your position require the exercise of discretion and independent judgment? To what extent is your supervisor available to help make decisions? Please explain.):

Working Environment (Are there any unusual conditions or situations surrounding your work area? Explain.):

Supervision (Do you supervise other employees? If yes, list the number of individuals by title that you supervise.):

-From whom do you receive your instructions? _____

-How frequently do you receive instructions from your supervisor? _____

-How is your work checked or reviewed by your supervisor? _____

Job Service (How long have you occupied your present position?): _____

Remarks (State here any additional information which you believe would help in describing or understanding the duties and responsibilities of your position.):

The foregoing answers are my own and to the best of my knowledge are accurate and complete.

Date

Signature

Statement of the Immediate Supervisor

Your primary role in the completion of this classification/reclassification questionnaire is to verify that the employee's description of their work duties and responsibilities are accurate; not to determine whether or not their job duties are appropriately classified. That decision will be made solely by the Benefits & Compensation office of the University Human Resources Department.

Do you agree with this employee's description of his/her work? _____

If not, in what respects should the description be modified?

Are you able to delegate to this employee all the responsibilities the position should carry? _____

What do you consider the most important duties and responsibilities of this position?

Supervisor

Title

Date