

POSITION CLASSIFICATION REVIEW INSTRUCTIONS
Sweetwater Union High School District
Human Resource Services Division

DIRECTIONS TO EMPLOYEES

You should know at least as much about your job as does any other person. For this reason, you are asked to give an accurate and complete statement of your duties. Please fill out the position classification review form completely and carefully in order to give an exact picture of the work you now do.

This form is available on our web site at www.sweetwaterschools.org or by calling (619) 585-6002. Please fill out the form and give it to your immediate supervisor for completion. Do not collaborate with other employees regarding the preparation of your statements even if they are performing duties similar to your own. List your full official payroll title including, I, II, etc., if applicable. Your descriptive or working title may be included in parentheses if desired.

DIRECTIONS TO SUPERVISING PERSONNEL

ORIGINAL STATEMENTS

Employees are to describe their work in their own words. The collaboration of several employees doing much the same kind of work in preparing a standardized description of duties should be avoided. Several original descriptions taken together give a better picture of the work than does a combined description prepared by several persons.

COMMENTS BY SUPERVISORS

Supervisors are requested to check the statements of their employees and are encouraged to make additions, comments, or corrections. Such notations should be made only in the space provided or on a separate memorandum. In no instance should the original statements by employees be stricken out or erased. The term "supervisor" means the person who occupies the next position in authority above that of the employee in the organization, the person who is generally considered to be responsible for directly supervising and **officially evaluating the work done by the employee**. The term is not intended to apply to one who merely inspects, verifies, or checks the employee's work.

PROCEDURES FOR SUBMITTING REQUEST

All position classification review forms must be completed and signed by all responsible parties before submitting to the Human Resources Services Division. The department/division manager will forward the original bearing the signatures of the employee, the supervisor, the principal/department manager, and division director (if applicable) to the Human Resources Services Division. A signed duplicate should be retained in the files of the school, department, or division, and the employee should retain a copy.

If assistance is needed regarding the completion of the classification review form, please call the Human Resource Services Division at (619) 585-6002.

For general information regarding the classification of positions, please see the [Position Classification: What's It All About?](#) document.

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INSTRUCTIONS FOR INDIVIDUAL ITEMS

PLEASE COMPLETE ALL ITEMS

When completing the MAJOR DIVISIONS OF DUTIES Section, describe only the regular work actually done by you personally, not work done by persons under your supervision. Do not describe duties performed in the past which are not now part of your assigned responsibilities or duties anticipated but not yet assigned. Summarize the actual duties that you perform during the average day. In the appropriate columns to the right, show either the average time in hours or the percent of time spent on each task. Examples of clear statements to the MAJOR DIVISIONS OF DUTIES are shown below for two positions.

OFFICE ASSISTANT I

		<u>Percent of Time</u>
Typing:	forms, letters, bulletins, reports, notes, teachers' material, stencils	45
Contacts:	public, central offices, principal, parents, teachers, maintenance workers	15
Machine Operation:	photocopiers, calculators, fax machines	5
Reports:	time sheets, statistical, annual, monthly, supply and equipment requisitions, P.T.A.	15
Miscellaneous:	opening and distributing mail, filing, receiving and distributing supplies, copying, alphabetizing and assembling materials	15
Budget:	checking printouts	5
	Total	<u>100</u>

GARDENER

		<u>Average Hours a Day</u>
Maintenance of:		
Lawn and athletic fields:	mowing, edging, sprinkling, weeding	3
Shrubs and trees:	cultivating, irrigating, pruning, clipping, spraying, trimming	1.5
Flowers:	cultivating, planting, transplanting, spraying, staking, watering	1.5
Sprinkling system:	cleaning out and around heads	.5
Lawn mower:	sharpen, adjust, grease, minor repair	.5
Miscellaneous:	collecting and disposing of rubbish, inspecting planted areas	1
	Total	<u>8</u>

Show the date on which you completed and signed the review form and sign your name in ink on all copies. Keep a copy for your files and give the original (completed and signed) to your supervisor

POSITION CLASSIFICATION REVIEW FORM
Sweetwater Union High School District
Human Resource Services Division

Please keep a completed copy for your files.

PLEASE READ "POSITION CLASSIFICATION REVIEW INSTRUCTIONS" BEFORE FILLING IN THIS FORM.

Initiated by Employee Supervisor/Manager/Director Human Resource Services Division

Name: (Last) _____ (First) _____ (Middle Initial) _____ Employee ID # _____

Official Payroll Title: _____

Location (name of department/school and telephone number): _____

Regular Hours of Work: From: _____ To: _____ Assignment Year (Check One): 10 Mo. 11 Mo. 12 Mo.

MAJOR DIVISION OF DUTIES

Summary of Tasks: In one of the columns to the right show the approximate average time spent on each task or group of tasks which are a part of your regular work throughout the year. If desired, you may describe your work in more detail on attached sheets. List tasks in order of importance, combining details into one statement such as "keeping accounts of fees, sales, book and fines" or "sweeping 10 classrooms, 2 offices, library, and cafeteria." Do not write "typing" or "sweeping" without indicating the kind and amount of work done. You should be able to present a reasonably complete picture in 4-8 statements.

Use Only One	
Hrs. per day	Percent of Time

A. _____		
B. _____		
C. _____		
D. _____		
E. _____		
TOTAL:	8	100%

Additional detail, if desired, should be listed on a separate sheet and attached; sign and date all attachments.

How long have your duties been substantially performed as stated above? Years: _____ Months: _____

List the machines or equipment you use in performing your duties. _____

List the employees (name and payroll title) under your supervision and indicate whether or not you sign their performance evaluation form.

State your reason for requesting this position classification review.

From whom are your work assignments usually received? List name(s) and title(s).	
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I certify that I have read the instructions, that the entries made above or attached are my own and to the best of my knowledge are accurate and complete. Attachments must be dated and signed.

(Date)	(Signature of Employee)
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TO BE COMPLETED BY THE SUPERVISOR

With full consideration of the duties and responsibilities of this position, state the MINIMUM ESSENTIAL QUALIFICATIONS you would require of a person being considered for the position if this position were to become vacant. PLEASE BE AS SPECIFIC AND COMPLETE AS YOU CAN. Keep the POSITION itself in mind rather than the qualifications of the individual who now occupies it. Do not give your recommendations either for or against reclassification on this form. Forward the completed form with signatures to the Human Resources Services Division during the window period, July 1 – September 30.

Minimum Required

• Education	
• Training	
• Experience	
• Licenses and other requirements	

List any extreme physical or environmental working conditions (i.e., asbestos, blood borne pathogens, or chemicals).

Give examples of typical problems employee must handle and decisions employee is required to make as a regular part of the work.

My signature recognizes the employee's right to request a job study, but does not necessarily indicate agreement with the employee's statement.

(Signature of Supervisor)	(Date)
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My signature recognizes the employee's right to request a job study, but does not necessarily indicate agreement with the employee's statement.

(Signature of Principal or Department Manager)	(Date)
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My signature recognizes the employee's right to request a job study, but does not necessarily indicate agreement with the employee's statement.

(Signature of Department/Division Director)	(Date)
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My signature recognizes the employee's right to request a job study, but does not necessarily indicate agreement with the employee's statement.

(Signature of Cabinet Member)	(Date)
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