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| **POSITION RECLASSIFICATION REVIEW REQUEST** |   |
| **Date Received** |
| **To Employees:** Complete this form if you want to request a review of your position for reclassification purposes. Be sure to read the “Guide to Completing the Position Reclassification Review Request.”Keep a copy of the form and any attachments for your records,and give these completed documents to your supervisor to review between November 1st and January 16th. Your supervisor must submit the entire packet for review by February 1st. | Employee’s Supervisor |
| **Additional Information:** You may attach extra pages containing additional information if you believe that they will be helpful in understanding the job duties assigned to your position. The entire packet you submit (meaning this form and any attachments), should be no longer than ten (10) pages. | Human Resources |
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| **To Supervisors:** Review the employee's statements and complete the "Supervisor Review" section. Send the completed form to Human Resources within fifteen (15) calendar days of receipt, but no later than February 1st. If you disagree with any of the employee's statements, please discuss these statements with the employee. |  |
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| *Completion of the Position Reclassification Review Request will be done outside of your working day, with the exception of jotting down thoughts and observations as mentioned in the Guide to Completing the Position Reclassification Review Request, (you will not be paid extra hours for completion of the request).* |

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| Employee Name: Last, First      | Telephone      | E-mail Address      |
| Department/Location      | Work Days and Work Hours if other than Monday through Friday, 8 a.m. to 5 p.m.      |
| Supervisor Name and Title       | Telephone      | E-mail Address      |
| Current Classification/ Job Title       | Working Title (if different from current classification title)      |

**1. Main Job Duties:** Describe your major duties (those which take at least 5% of your work week to perform. *Attach additional sheets if necessary*

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| **Job Duties** | **% Time** | **Check if outside job classification & specify how long you’ve had these duties** |
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**\*(Omission of % of time information could result in delay of review.)**

**2. Knowledge & Technical Skills:** Provide some examples of knowledge and technical skills applicable to your position.

**3. Problem Solving:**

A. Does your job involve problem solving in which you must consider and combine numerous variables? If so, provide some examples.

 B. In your job, what degree of independence do you have in creative problem solving and deciding on a course of action? Provide some examples.

 C. Please describe the training and experience you draw upon to do the kinds of complex and creative problem solving that you described above.

D. Please describe the extent to which your position requires time management skills and the ability to establish and balance priorities.

**4. Impact on the Organization**

1. To what extent does what you do or not do impact the organization, students and / or employees? Please give examples.

1. To what extent does what you do or not do influence public perceptions of the organization? Please give examples.

1. To what extent do the decisions you make in this position create risk for the organization? Please give examples.

At which level (as reflected in Schedule A of the collective bargaining agreement) do you believe your current position should be classified as, and why? In answering this question you should provide any additional information that you believe should be considered in the review of your position. (Add additional pages as necessary.)

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**Employee Review:**

The information I have provided is accurate and complete to the best of my knowledge and belief:

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**Employee Signature Date**

**Supervisor Review:**

**The information on the Position Review Request is accurate and complete to the best of my knowledge and belief. [ ]  Yes [ ]  No**

If you do not agree with any of the information on the Position Review Request, please explain why below, or attach additional page(s).

**Please describe the level of supervision you exercise over this position:**

**Please list 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.**

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| **Supervisor’s Signature Date** |  |  |
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| **Supervisor’s Name** (type or print) |  |  |

**RECLASSIFICATION REQUEST - COMMITTEE REVIEW**

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| **RECLASSIFICATION REQUEST DECISION** |
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|  |  | **Approved:** |
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|  | New Classification Title: |  |  |
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|  | Reason for Approval: |
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| **COMMITTEE AUTHORIZATION** |
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| Date of Decision: |  |  |
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| Date of Employee Notification: |  |  |
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|  | Signature-PSE Chapter President |  | Date Signed |  |
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|  | Signature-Executive Director of Human Resources |  | Date Signed |  |
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