

PALM BEACH STATE COLLEGE
RECLASSIFICATION: JOB ANALYSIS QUESTIONNAIRE

This survey is to accompany the Annual Position Reclassification Request form, providing the necessary information to review the authority, responsibility and tasks entailed within the position held. As stated within the Salary Schedule, reclassification is not intended to recognize individual achievement or an increase in volume of work. As a standard, 40% of the job should have changed to warrant a reevaluation. Within the documents submitted for reclassification emphasis should be given to the current functions of the job. This includes, but is not limited to, actual changes to job functions that result in an advanced level of skill, knowledge, responsibility and/or authority.

Employee Information

Name	_____	Current Title	_____
Campus	_____	Department	_____
Telephone	_____	Mail Station	_____

Supervisor and Administrative Approval for Reclassification Consideration

Supervisor	Name _____	Title _____
	Signature _____	Date _____
	<input type="checkbox"/> Supervisor Review section has been completed	
Division Administrator	Name _____	Title _____
	Signature _____	Date _____
Vice President	Name _____	Title <u>Vice President</u>
	Signature _____	Date _____
Provost	Name _____	Title <u>Provost</u>
	Signature _____	Date _____

Complete the questionnaire and submit it to the Office of Human Resources. A completed Reclassification Packet includes the Reclassification Job Analysis Questionnaire, Annual Position Reclassification Request form, and a current department organizational chart. Submission information includes:

- Completed packets submitted to the Office of Human Resources on or before March 31st will be considered for the upcoming fiscal year.
- Packets received without the appropriate approval signatures will be returned.
- Late submissions will not be considered until the next consecutive fiscal year.

I. PURPOSE AND PRIMARY FUNCTION

Summarize the purpose of your job within your department and the College. Identify in a brief paragraph what it is designed to accomplish. This does not include personal qualifications or specific tasks.

II. TYPE OF SUPERVISION

- a. **Direct supervision** is defined as budgetary responsibility for the position and accountability to include scheduling, performance appraisals, goal setting, and disciplinary action.

Based on the definition above, do you directly supervise full-time or part-time staff?

No Yes, total # _____

If yes, identify staff name, job title and full or part-time status below:

Example: Jean Doe, Office Assistant I/PT

- b. **Indirect Supervision** is defined as scheduling staff, providing daily work assignments and recommendations regarding goals or performance evaluations.

Based on the definition above, do you indirectly supervise full-time or part-time staff?

No Yes, total # _____

If yes, identify staff name, job title and full or part-time status below:

Example: Jean Doe, Office Assistant I/PT

III. DECISION MAKING AUTHORITY

- a. Review the latitude or level of independence you exhibit as it relates to decisions you are expected to make or recommendations you are expected to develop. Answer the following, selecting either Yes, No or Sometimes for each question, keeping these factors in mind.

	Yes	No	Sometimes
1. I work under direct supervision from my supervisor, following only approved policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have some responsibility for making suggestions or recommendations that impact my own department, within specific guidelines. Changes to policies and procedures need to be approved by my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have some responsibility for making suggestions or recommendations that impact the operations of other departments. I may be asked to draft a plan to implement change. Changes to policies and procedures need to be approved by my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am authorized to develop plans and implement changes to policies and procedures that impact my department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am authorized to develop plans and implement changes to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

policies and procedures that impact my division.			
6. I am authorized to develop plans and implement changes to policies and procedures that impact the College.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. List three examples of the type of decisions you must make as part of your regular work responsibilities. For each decision listed, identify the consequence or impact if an error is made.

Decision	Consequence of Error
1.	
2.	
3.	

IV. FISCAL RESPONSIBILITY AND AUTHORITY

Identify the following budget actions at either a department and/or division level you are responsible for. (check all that apply)

Budget Task	Department	Division
Recommend and process transfers	<input type="checkbox"/>	<input type="checkbox"/>
Authorize transfers	<input type="checkbox"/>	<input type="checkbox"/>
Recommend changes to account allocations	<input type="checkbox"/>	<input type="checkbox"/>
Authorize changes to account allocations	<input type="checkbox"/>	<input type="checkbox"/>
Prepare budgets	<input type="checkbox"/>	<input type="checkbox"/>
Make budget recommendations	<input type="checkbox"/>	<input type="checkbox"/>

Approximate budget I am responsible for: \$_____

V. COMMUNICATION

Check the ONE box below which best describes the extent of your contact and interaction with internal and external persons at the institution

<input type="checkbox"/>	Interaction requires exchange of information in same department or office.
<input type="checkbox"/>	Contact with persons outside of office or department, generally to furnish or obtain information.
<input type="checkbox"/>	Interaction requires coordination and advising on work efforts to resolve operating problems/issues with individuals.
<input type="checkbox"/>	Interaction requires furnishing and/or obtaining detailed and/or technical information with groups or significant College constituencies.
<input type="checkbox"/>	Interaction requires ability to motivate and influence people or groups of people. Contacts involve carrying out College policies or programs. Improper handling of relationships may materially affect College reputation.
<input type="checkbox"/>	Interaction requires considerable persuasiveness and leadership skills to obtain action, consent, agreement, or approval. May involve difficult negotiations or a high degree of diplomacy and judgment. Contacts impact the College's governing, growth, and funding.

VIII. GENERAL INFORMATION

List any aspect of the position not covered in the preceding questions that you feel are necessary for a more complete understanding of this position.

SUPERVISOR REVIEW
(to be completed by the Direct Supervisor of this position)

Check the statement that most accurately describes the level of supervision you exercise over this position:

<input type="checkbox"/>	Work assignments are generally recurring and/or the employee receives instructions and deadlines for each assignment. Tasks are reviewed upon completion.
<input type="checkbox"/>	Work assignments vary. The employee is given general priorities but determines their own 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.

Give examples of decisions that the employee is authorized to make without your prior review.

If you do not agree with any of the information within this questionnaire, clarify the issue(s) of concern.

Add any other information that you believe should be considered in the review of this position, which has not been previously addressed.

As supervisor of this position, I authorize the review of the information submitted within this document for position reclassification consideration.

Supervisor's Signature

Date