



RECLASSIFICATION ANALYSIS - Supervisor Supplemental Questionnaire

| | | | |
|-------------------------|--------------------------------|--------------------------------|--------------------------|
| Employee Name: | Working Title (If any): | Current Classification: | Department: |
| Supervisor Name: | Supervisor Department: | | Supervisor Phone: |

Instructions: The following information will be used to supplement data which has been gathered as a result of a formal Classification Analysis and will assist in determining the type of supervisory control exercised over the position and the degree of independence with which the position's incumbent is expected to function.

This information is to be provided by the supervisor of the position being evaluated and allows an opportunity for supervisory input to the classification process. Since this information will be used to help determine the proper classification for the position under evaluation, it is important that all questions be answered completely, being as clear and accurate as possible. If necessary, additional relevant information may be documented on a separate sheet and attached to this form. After responding to all questions, please date, sign, and forward the form to the Human Resources Department.

- 1) **What significant changes in job tasks/functions or responsibilities have been added to the position over the period covering the last 12 months?**

- 2) **Describe any increases in skill level, experience, or education/training, which have occurred as a result of the added responsibilities assigned to the position:**

- 3) **How is work assigned for this position?**

- 4) **What is the nature of any written or oral instructions given to the incumbent when assignments are made?**

- 5) **Generally, what type of guidance, if any, is provided during the course of an assignment?**
 - a. *How often and for what purpose do you review the work of the incumbent?*

 - b. *What would be the greatest consequence of errors in this position to the university? (e.g., loss of time, money, property, or injuries likely to be suffered, etc.)*

 - c. *What is the possibility of such errors?*



6) What will be the impact, if any, on other positions in the school, department, and/or campus if this position is reclassified to a higher level?

7) To your knowledge, are there any equity issues involving positions in the department? Yes No
If yes, please explain:

8) Does this position oversee the work of other employees? Yes No *If yes, please identify:*

| # of Employees | Position Type/Classification | Work Responsibilities |
|----------------|------------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

9) Does this position have any fiscal and/or budget responsibilities? Yes No *If yes, please describe:*

10) Has there been a recent (within 6 months) departmental re-organization, re-structuring, or change affecting the services provided by your department in general or this position in particular? Yes No
If yes, please briefly describe:

11) Identify the most important and frequent working relationships with individuals on and off campus, other than the supervisor or employee(s) who report to this position:

| Type of Contact | Frequency (Daily/Weekly/Monthly) | Purpose |
|---|-------------------------------------|---------|
| University Administration (i.e. VPs or President) | _____ | _____ |
| University Heads of other Major Departments | _____ | _____ |
| Faculty/Staff from other Depts./Colleges | _____ | _____ |
| Students | _____ | _____ |
| Local/Federal/State agencies or organizations | _____ | _____ |
| General Public/Clients | _____ | _____ |
| Other: | _____ | _____ |
| No contact with others other than immediate Dept./College | | |



12). Please identify the type of computer(s) or technology system(s) regularly used in this position and the associated operating system(s), software, and applications used. Also note the purpose of the work and results achieved:

| Computer System(s)/Type | Software/Application(s) Used | Purpose and Results Achieved |
|-------------------------|------------------------------|------------------------------|
| | | |
| | | |
| | | |
| | | |

I certify that to the best of my knowledge and belief, the statements made herein are accurate and complete.

Printed Name

Signature

Date