

## PROCEDURE FOR SUBMITTING RECLASSIFICATION REQUESTS

To request a review of a position for reclassification, please follow these procedures:

This reclassification packet includes the following necessary forms:

- Form A - Signature Coversheet
- Form B - Position Description Reclassification Questionnaire
- Form C - Results Oriented Job Description

1. Complete a new job description on Form C for the position to be reviewed AND attach a copy of the current job description on file in your department/school.
2. Complete the Position Review Reclassification Questionnaire on Form B. (See instructions below.)
3. Where possible, the employee should obtain signatures of Supervisor, Director and appropriate Administrator **BEFORE** submitting to HR to proceed with review for reclassification evaluation.
4. Return **ALL** of the following to HR:
  - a) Completed new job description form;
  - b) Copy of the previous job description;
  - c) Position Review Reclassification Questionnaire;
  - d) Signed signature sheet (recommended, but not necessary to receive a district review)
5. **Email Forms to [leymasterc@ortrail.k12.or.us](mailto:leymasterc@ortrail.k12.or.us).**

After receiving all documentation, the Human Resources Department will meet with the employee at the work site or via telephone to review the reclassification questionnaire and new job description, as appropriate. HR will also meet with the supervisor to obtain additional information as necessary. Please note that the position audit (desk audit) meeting is performed on an "as needed" basis. A written recommendation from HR is sent to the Director/Administrator of the employee, along with copies for the supervisor (if different) and the employee. The Director/Administrator has the responsibility to make the decision to (1) implement the recommendation, (2) send it back to HR for advice about which duties should be eliminated from the employee's responsibilities in order to sustain the current title and pay grade; OR, which duties should be added in order to justify upgrading the position, or (3) return to HR to consider a different classification from the one requested. Once the final decision has been made, Director/Administrator needs to follow usual procedures for approval of personnel and budgetary funds according to department/school protocol. Any department or school submitting a request for reclassification **must provide funds from departmental sources** for any necessary salary increase, which may result from the reclassification.

## INSTRUCTIONS FOR COMPLETING THE POSITION DESCRIPTION QUESTIONNAIRE

The affected employee is responsible to ensure the information provided on the questionnaire is accurate and all necessary signatures within this packet have been obtained.

### FORM INSTRUCTIONS:

1. Read the entire form before completing any of the questions.
2. Answer each question completely and accurately. Please note: All answers and comments will be kept strictly confidential.
3. Please type or print your answers legibly in ink.
4. If a question is not applicable, please write, "Does not apply."
5. Consider the job duties over a sufficient period of time to cover all permanent work assignments. **Do not include** any temporary, non-permanent duties such as those performed for cross-training purposes or on a "fill-in" basis to cover for an absent staff member.
6. Be sure to include a current organization chart, as practicable, showing the position and its reporting relationship to other positions within the department, school, and/or organization.
7. You may attach any other information you feel would be useful in describing your position.

If you have questions or need assistance in completing the reclassification packet, please contact Chelsea Leymaster, Human Resources Specialist, Human Resources, at 668-5541 or [leymasterc@ortrail.k12.or.us](mailto:leymasterc@ortrail.k12.or.us).

**OTSD CLASSIFIED STAFF  
REQUEST FOR RECLASSIFICATION  
SIGNATURE COVERSHEET**

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Position Title: \_\_\_\_\_ Current Pay Range: \_\_\_\_\_

Department: \_\_\_\_\_ School \_\_\_\_\_

Supervisor: \_\_\_\_\_ Director/Admin: \_\_\_\_\_

Proposed Title: \_\_\_\_\_

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**APPROVAL – Signatures Recommended To Proceed With HR Review**

Supervisor's Signature of Support: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head's Signature of Support: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature of Support: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE COMPLETED BY HR**

Date Completed Forms Received at HR: \_\_\_\_\_

**HR RECOMMENDATION**

Reclassification Title: \_\_\_\_\_ Pay Grade: \_\_\_\_\_

Expected Fiscal Year Cost to Support Reclassification: \_\_\_\_\_

Funding Source to Support Reclassification: \_\_\_\_\_

HR Recommendation Report Sent To: \_\_\_\_\_ Date: \_\_\_\_\_

**A complete recommendation report written by the Human Resources Department will be sent to the Director.  
The supervisor's and the employee's copies are sent to the Administrator/Director for distribution.**

**OREGON TRAIL SCHOOL DISTRICT  
POSITION DESCRIPTION RECLASSIFICATION QUESTIONNAIRE**

**1. POSITION CHANGES:** Summarize the major changes that have caused you to seek a reclassification for this position. List the specific duties you NOW perform that you did not perform previously. Indicate whether or not these duties were performed previously by anyone else and/or why these changes occurred.

**2. RESPONSIBILITY AND DECISION-MAKING AUTHORITY:** Describe the types of problems or decisions you take to your supervisor or other staff for resolution. What decisions do you currently have the authority to make on your own? Give specific examples.

**3. PROBLEM-SOLVING AND ANALYTICAL CHALLENGE:** Regarding the analytical challenge required during problem-solving, explain and give examples for each response.

- 1) Repetitive situations for many tasks.
- 2) Similar situations requiring solutions based on several choices or options.
- 3) Constantly changing situations requiring a search for solutions and the making of a decision.
- 4) Innovative thinking where end result involves detailed study and research, evaluation and thought.

**4. SUPERVISION AND WORK DIRECTION:**

A. Check  ONE of the following regarding the level of supervisory skills required for your position.

- No management or supervisory responsibilities.
- Minimal or no management requirements but may have supervisory or lead work responsibilities.
- Coordinator, supervisory responsibilities within a unit
- Full management position responsible for integrating and harmonizing activities within the district (directors, administrator, department heads).

B. If you supervise or give work direction to others, please list by name, title and type of work direction you give.

**5. EDUCATION, TRAINING, AND EXPERIENCE REQUIRED:** Please list all certifications/licenses/degrees/skills you have obtained that may relate to the classification that you proposed on Form A. Be sure to include title, institution/organization, and date received. Please list work experience related to the proposed position. Be sure to include title, employer name, and number of years' experience.

**6. PHYSICAL EFFORT REQUIRED AND WORK ENVIRONMENT:** Check  ONE of the following regarding physical effort required to perform the job.

- Position requires no strenuous level of activity.
- Position requires use of light hand tools or light activity.
- Position requires use of medium sized hand tools, lifting, climbing or working on a ladder, and some strenuous activity.
- Position requires use of heavy equipment or materials.

**7. CONTACT WITH OTHERS:** What person(s) in other district departments and/or organizations outside of the district are you required to work with? How often and for what purpose?

**(OPTIONAL)**

**8. ADDITIONAL INFORMATION:** List any information not included in your previous answers that would help someone to better understand your position.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_



**OTSD HUMAN RESOURCES DEPARTMENT  
CLASSIFIED JOB DESCRIPTION**

**Position Title:**

**Working Title:**

**School/Department:**

**Unit within Department:**

**Major Function:**

Summarize job responsibilities into a few sentences that adequately define the position and could be used in a job vacancy announcement.

**Organizational Chart:**

Draw organizational chart and show where this position fits into organization. (Or you may attach a separate copy of existing organization chart highlighting this position.)

**RESPONSIBILITIES:**

Make as complete a list of job duties as possible beginning with those that take the greater percentage of the position's time. If supervising or training others, note the number and types/titles of positions, and whether it is direct or general supervision.

The Oregon Trail School District does not discriminate against individuals with disabilities in regard to job application procedures, the hiring or discharge of employees, employee compensation, advancement, job training, and other terms, conditions, and privileges of employment. Based on this commitment, various job duties on the job description have been analyzed to be *essential* to this position. Employers can continue to require *all* applicants and employees, including those with disabilities, to be able to perform the essential, non-marginal functions of the position. Reasonable accommodations may be provided to employees with disabilities to enable them to perform the essential elements of this position. Marginal job functions are ones that an employer may transfer to other individuals or not require to be performed by an individual with a disability. It is the responsibility of any applicant or employee with a disability to inform the Human Resource employment program coordinator that an accommodation is needed either to complete application procedures or to perform the duties of the position.

Responsibility	% of Time	Essential/ Marginal
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**MINIMUM QUALIFICATIONS: Knowledge, Skills, Abilities, and Personal Characteristics:**

Must be bona fide occupational qualifiers, such as requiring the ability to lift 50 lbs if job involves lifting objects weighing 50 lbs, or requiring only female applicants if the job is a female locker room attendant.

**ADDITIONAL DESIRABLE QUALIFICATIONS: Education and Experience:** Education or experience desired, but not required, such as a college degree or four years' experience. List Department's desired qualifications

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature

APPROVED 1<sup>st</sup> LEVEL: \_\_\_\_\_ DATE: \_\_\_\_\_  
Supervisor/Title

APPROVED 2<sup>nd</sup> LEVEL: \_\_\_\_\_ DATE: \_\_\_\_\_  
Director/Department Head

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Ken Bucchi, Director of Human Resources