

**ADELANTO SCHOOL DISTRICT
RECLASSIFICATION QUESTIONNAIRE**

NAME: _____

POSITION TITLE: _____

WORK SITE: _____ PHONE NO. _____

SUPERVISOR (NAME & POSITION): _____

HOURS WORKED PER DAY: _____ MONTHS WORKED PER YEAR: _____

LENGTH OF TIME IN PRESENT POSITION: _____ YEARS _____ MONTHS

Submit completed forms to the Office of Personnel Services

1. Attach a copy of your job description and list below the job duties in your job description that you **are** performing at this time.

2. List below the job duties **that are not in the job description** that you **are** performing at this time. Please include what percentage of time you spend on these tasks, whether by day, week, month, year. **BE SPECIFIC – TASKS MUST BE LISTED IN DETAIL!** Please limit your comments to the space provided.

3. From whom do you receive the work assignments (Name & Title)?

4. Does this position require the use of machines, equipment or motor vehicles? Please list them below and indicate the percentage of time used, whether by day, week, month or year.

5. Does this position require any license, certificate, registration, etc. to perform the duties?

6. How much education and experience is required to qualify for this position?

7. Do you have any other comments that may assist the Reclassification Committee in evaluating the position?

I certify that the statements made on these pages are accurate and complete.

Signature: _____ Date: _____

**PLEASE SUBMIT THIS COMPLETED QUESTIONNAIRE TO THE
OFFICE OF PERSONNEL SERVICES**