

ADELANTO ELEMENTARY SCHOOL DISTRICT- CSEA UNION CHAPTER 451

JOINT RECLASSIFICATION COMMITTEE

POSITION RECLASSIFICATION QUESTIONNAIRE

TO BE COMPLETED BY MANAGEMENT LEVEL SUPERVISOR

Position Reclassification Questionnaire Regarding:

Employee name: _____ Employee Position/ Title: _____

Supervisor name: _____ Supervisor Position/ Title: _____

In answering the following questions, please consider only the position, not the individual who currently fills the position.

1. What is the function of this position in relationship to the department/ work unit?

2. Does the job description fit the demands of the positions? YES NO

If NO, how does the job EXCEED the duties and responsibilities defined in the job description?

3. Do you agree with the employee's statements made on the completed questionnaire?

YES NO If NO, please explain.

4. What additional information should be considered in evaluating this position?

Supervisor's Signature: _____ Date: _____

Supervisor's Printed Name: _____

PLEASE SUBMIT THIS COMPLETED QUESTIONNAIRE TO PERSONNEL SERVICES.