|  |  |
| --- | --- |
| **Wenatchee Valley College****POSITION REVIEW REQUEST****Classified Employee** |  |
| **Date Received** |
| **To Employee:** Complete the Position Review Request to request a review of your position to determine whether it should be allocated to a different classification. Keep a copy of the form for your records,and give the completed form to your supervisor to review and forward to human resources. You may send the form directly to human resources if you wish. For additional instructions read the [Position Review Request Guide](http://commons.wvc.edu/hr/_layouts/WordViewer.aspx?id=/hr/Shared%20Documents/HR%20Forms/Position%20Review%20Request%20Guide.docx&Source=http%3A%2F%2Fcommons%2Ewvc%2Eedu%2Fhr%2FShared%2520Documents%2FForms%2FAllItems%2Easpx%3FRootFolder%3D%252Fhr%252FShared%2520Documents%252FHR%2520Forms%26FolderCTID%3D0x0120004E1DBFD8532E99408417A94B1BC69C07&DefaultItemOpen=1&DefaultItemOpen=1) and see [Glossary of Classification Terms](http://hr.wa.gov/SiteCollectionDocuments/CompensationAndJobClasses/Comp%20Class%20HR%20Pro%20Tools/ClassificationGlossary.doc). For an explanation of the review process, please go to the college’s [Classified Classification/Reallocation Review Procedure](http://commons.wvc.edu/hr/pp/500/Classified%20Classification-Reallocation%20Review.aspx). | Supervisor/Department |
| **Additional Information:** Attach additional pages as necessary to provide information you believe will be helpful in understanding the job duties assigned to your position. | Human Resources |
|  |
| **To Supervisors:** Review the employee's statements and complete the "Supervisor/Department Head Review" form available on the human resources web page under HR Forms. Send the completed form(s) to the human resources office within 15 days of receipt. If you disagree with any of the employee's statements, please discuss the Position Review Request with the employee. |  |
|  |  |
| ***Optional Process****: The employee’s supervisor may assist the employee in completing all or part of this form. The employee must then review and sign the form, noting any clarifications.* |

|  |
| --- |
| **Employee Information**  |
| Name:      | Phone:      | Email:      |
| Department:      | Current Class Title:      | Working Title (If different from current class title):      |
| Supervisor’s Name and Title:      | Phone:      | Email:      |
| Second-Level Supervisor’s Name Title:      | Phone:      | Email:      |
| **Identify the duties that have changed since your position was last reviewed.** |
|       |
| **List the class title you think better describes your duties and responsibilities and explain why.** |
|      Unsure? [ ]  (Check this box if you don’t know the best match class title.) |
| **Position Purpose – Describe in 3-4 sentences the main reason(s) your position exists.** For examples, see Position Review Request Guide. |
|       |
| **Work Activities (Duties and Tasks)**Describe, in order of importance, your major duties (those which take at least 2 hours per week or 5% of your time to perform). For examples, see Position Review Request Guide. |
| **% of time**(Must total 100%) | **Description of major duty and supporting tasks.** |
|       | **Major Duty:**      **How long performing this duty?**     **Tasks include:**       |
|       | **Major Duty:**      **How long performing this duty?**     **Tasks include:**       |
|       | **Major Duty:**      **How long performing this duty?**     **Tasks include:**       |
|       | **Major Duty:**      **How long performing this duty?**     **Tasks include:**       |
|       | **Major Duty:**      **How long performing this duty?**     **Tasks include:**       |

|  |
| --- |
| **Lead Worker/Supervisor Definitions** |
| **Lead** – An employee who performs the same or similar duties as other employees in his/her work group and has the designated responsibility to regularly assign, instruct, and check the work of those employees on an ongoing basis.**Supervisor** – An employee who is assigned responsibility by management to participate in all of the following functions with respect to their subordinate employees: Selecting staff, Training and development, Planning and assignment of work, Evaluating performance, Resolving grievances, Taking corrective action. Participation in these functions is not routine and requires the exercise of individual judgment. |
| **Lead/Supervisory Responsibilities** |
| Does Your Position Have Lead or Supervisory Responsibility? Lead [ ]  Supervise [ ]  None [ ]  |
| **List the Name, Position Number, and Class Title of Staff You Lead or Supervise** | **Work Schedule** | **Appointment Type** | **Hours Per Week** |
|       |  |  |       |
|       |  |  |       |
|       |  |  |       |
|       |  |  |       |
|       |  |  |       |
|       |  |  |       |

|  |
| --- |
| **Decision Making Authority** |
| List examples of decisions you are authorized to make without consulting your supervisor. Indicate which of these decisions are the most difficult or complex.     List examples of decisions that require approval.      |

|  |
| --- |
| **Fiscal Responsibilities** |
| Do you have responsibility for maintaining fiscal records? Yes [ ]  No [ ] Do you have responsibility for controlling or authorizing the expenditure of funds? Yes [ ]  No [ ] If **yes**, explain how you control or authorize funds and complete the information below.      Total Annual State Funds: $     Total Annual Grant and Contract Funds: $     Total Number of Grants and/or Contracts:      Total Annual Self Sustaining Funds: $     Total Funds for which you have responsibility: $      |
| **Employee Review**  |
| This form was completed by: Employee only [ ]  Employee in consultation with Supervisor [ ] The information I provided is accurate and complete.Employee Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Keep a copy of this request for your records.) |
| **Supervisor’s Acknowledgment – Attach an organizational chart.** |
| As the supervisor, I acknowledge the above employee is submitting this request to have his/her position’s allocation reviewed. I will forward this request to the Human Resource (HR) Office. I understand the HR Office will date stamp the request and provide instructions for completing the Position Review Request - Supervisor Portion. I will note my agreement or disagreement with the employee’s description of duties on the Position Review Request - Supervisor Portion.[ ]  Yes, organizational chart attached.Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Keep a copy of this request for your records. You will need it to complete the Supervisor Portion.) |