

**East Stroudsburg University**  
**CLASSIFICATION REVIEW REQUEST FORM**

**PART I – To be completed by Originator**

Position working title: \_\_\_\_\_

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

Employee in this position: \_\_\_\_\_

Current Classification: \_\_\_\_\_

Proposed Classification: \_\_\_\_\_

I am requesting:      classification review of an existing position  
                           classification of a new position

The core duties of this position have changed, as follows, since the previous Job Description was reviewed and submitted to Human Resources for review (omit for new position).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached the following required materials:  
 New Classified Job Description Questionnaire  
 Current departmental organization chart showing this position

Signature of Originator: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II – To be completed by Supervisor/Chair**

Please explain any inaccuracies or incomplete items in the Originator's statement, particularly in regard to duties and responsibilities. (This statement is NOT required if the Supervisor is the Originator.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III – To be completed by the Dean/Director**

Please explain any inaccuracies or incomplete items in the Supervisor’s or Originator’s statements. (This statement is NOT required if the Department Chair/Director is the Originator or the Supervisor.)

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Dean/Director’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART IV – Notification to the appropriate Vice President required**

I have notified the Vice President that this reclassification request has been submitted.

Dean/Director’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART V – To be completed by Human Resources**

Human Resources action:

- Recommend change in classification to: \_\_\_\_\_
- Change in classification not recommended.

This position should not be allocated to the classification requested for the following reason(s):

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Director of Human Resources signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART VI – To be completed by Human Resources**

Action taken:

- VP of Finance approved Human Resources classification recommendation
- VP of Finance requests additional review (explanation attached)

Effective date if approved: \_\_\_\_\_

Date of Notification to employee: \_\_\_\_\_

**CLASSIFIED JOB DESCRIPTION QUESTIONNAIRE  
GENERAL INSTRUCTIONS:**

This questionnaire is designed to collect information about the duties, responsibilities and required qualifications of all classified positions at ESU. Please be frank and thorough in providing the information requested.

Before you begin filling out the questionnaire, please read it all the way through at least once. Once you begin, please write legibly. If you need additional space for any answer, feel free to attach additional sheets.

Parts A-I: To be completed by the employee in the position. If the position is vacant, to be completed by the supervisor.

Part J: To be completed by the manager who directly supervises this employee. If a lead worker provides day-to-day supervision of this employee, the manager is asked to review parts A-I with the lead worker before completing this section.

Part K: To be signed by the employee and the management supervisor after Parts A-J are reviewed by both parties.

Part L: To be signed by the Director of HR, the employee and the management supervisor after they meet to discuss any differences of opinion about the employee's job description. Leave blank if there is no disagreement about the job description.

**PART A: GENERAL POSITION INFORMATION**

Employee name: \_\_\_\_\_ Dept: \_\_\_\_\_

Job title: \_\_\_\_\_

Current classification: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Supervisor reports to: \_\_\_\_\_

Normal workdays: ( ) Su ( ) M ( ) T ( ) W ( ) Th ( ) F ( ) S

Normal shift: \_\_\_\_\_ Annual FTE: \_\_\_\_\_

How long have you been in this position? \_\_\_\_\_



2. What do you consider the most difficult or demanding part of your job? Please explain what makes it difficult or demanding.

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**PART D: DECISION MAKING**

Choose the description that explains the supervision you receive. Check one description only; consider the job as a whole.

- How to perform tasks is explained in specific term; details of the tasks are reviewed by a supervisor when work is in progress and when it's done.
- How to perform tasks is outlined or explained in general terms; work is reviewed by a supervisor at regular intervals when work is in progress and when it's done.
- How to perform tasks is usually left to my judgment with a supervisor giving occasional instructions, advice and decisions; work is reviewed occasionally while work is in progress and when it's done.
- How to perform tasks is my responsibility so long as work is performed according to established policies or as outlined by rules and regulations; work is reviewed only periodically to assure conformance with established policies and to measure results.
- How to perform tasks is largely left to my discretion; I have considerable freedom to interpret and apply policies, rules and regulations; performance is measured mainly by the results.

**PART E: REQUIRED KNOWLEDGE, SKILLS, ABILITIES, AND GUIDELINES USED IN YOUR WORK**

List any degrees, certifications or licenses required by law or by the college, or any established guidelines used to do this job, such as state or federal laws or regulations, policies, written procedures, standards or trade practices. (Example: Financial Aid regulations; written procedures for cleaning bathrooms.)

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**PART F: LEAD WORKER DUTIES**

1. List the names and titles of persons whose work you directly lead. If any of these persons are Work Study students (WS) or volunteers (V), check the appropriate box.

Name	Title	WS	V

2. Which of the following lead duties do you perform?

- Plan work
- Assign work
- Approve work
- Instruct in work methods/procedures
- Determine priorities
- Set work schedules
- Approve work methods and procedures
- Determine staffing requirements to accomplish work
- Approve leave requests
- Monitor leave reports
- Orient new employees
- Other:

**PART G: VEHICLES, MACHINES, TOOLS & EQUIPMENT**

List any vehicles, machines, tools or equipment you use in your job. Show the frequency of use (daily, weekly, monthly, etc.) and the amount of time spent using each item (1 hour per day; 1 hour per month, etc.). If you are responsible for maintaining or repairing any of this equipment, be certain that you have listed that activity in PART C: DUTIES.

VEHICLES, MACHINES, TOOLS & EQUIPMENT OPERATED	FREQUENCY OF USE	AMOUNT OF TIME

**PART H: FINANCE AND BUDGET RESPONSIBILITIES**

Check the statement which best describes your responsibilities:

- This position has no budget or finance responsibilities.
- This position gathers information for use in budgeting and financial processes.
- This position analyzes and interprets budget and financial data under supervision of a supervisor.
- This position develops budget recommendations for a supervisor for the [                    ] unit of the [                    ] department (fill in the blanks).

**PART I: ADDITIONAL INFORMATION**

Is there anything else that we should know about your job?

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**PART J: SUPERVISOR'S COMMENTS**

1. Do you agree with the employee's statements in this questionnaire?

Yes  No If no, please explain.

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2. What do you consider to be the most important duties and responsibilities of this position?

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3. Indicate the minimum qualifications for a new employee in this position. Keep the position in mind rather than the qualifications of the current employee.

Education: \_\_\_\_\_

Experience: \_\_\_\_\_

Licenses, Certificates, Registrations: \_\_\_\_\_

Knowledge, Abilities Skills: \_\_\_\_\_

Physical Requirements: \_\_\_\_\_

Other: \_\_\_\_\_

4. I certify that the statements and responses I have provided above are accurate and complete to the best of my knowledge.

Supervisor signature \_\_\_\_\_ Date: \_\_\_\_\_

**PART K: RESULTS OF EMPLOYEE/SUPERVISOR REVIEW**

Check the appropriate statement:

( ) We have met to review the completed questionnaire and agree that the information provided by the employee, together with the supervisor's statements, gives an accurate description of the principal duties and responsibilities of this position. We have agreed to the following changes:

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( ) We have met to review the completed questionnaire and do not agree that the information provided by the employee, together with the supervisor's statements, gives an accurate description of the principal duties and responsibilities of this position.

I certify that the statements and responses that have been provided are accurate and complete to the best of my knowledge.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

**PART L: RESULTS OF HUMAN RESOURCES MEDIATION**

We have met to discuss the completed questionnaire and have agreed to the following changes:

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Employee signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date \_\_\_\_\_

Director of HR signature: \_\_\_\_\_ Date \_\_\_\_\_