

The purpose of this packet is to obtain accurate, descriptive information about your current job duties and to identify levels of knowledge, skill, ability, and experience necessary to accomplish your position. The information provided will be used in classifying the position. This packet will not be used to evaluate your performance.

To Employees: In accordance with Article 53 of the [2015-2019 SEIU Local 503, OPEU Collective Bargaining Agreement](#), employees may request a reclassification by submitting the Employee Requested Reclassification Packet to the Office of Human Resources.

Within sixty (60) calendar days after the receipt of the reclassification request, the Office of Human Resources shall notify the employee of its decision, unless otherwise mutually agreed in writing, and shall provide the employee with a copy of the final updated position description. The employee shall be entitled during the sixty (60) day review period to present further arguments in support of the request. Should the duties of the position support the proposed reclassification, the university shall make a determination whether to reclassify or remove the duties in a timely manner.

To Supervisors: Review the employee's statements and complete the "Supervisor Review" section. If the review is management initiated, submit modified position description in HEROES and submit the applicable forms within this packet. Send the completed form to OHR within 15 days of receipt. (This is stated in the next sentence.) Note: If you disagree with any of the employee's statements, please discuss the Position Questionnaire with the employee.

Documents Found in This Packet:

- | | | |
|--------------------------|----------|------------------|
| • Instructions | Page 1 | |
| • Position Questionnaire | Page 2-3 | REQUIRED |
| • Position Description | Page 4 | REQUIRED |
| • Organization Chart | Page 4 | REQUIRED |
| • HEROES Submission | Page 5 | DEPT ONLY |

Procedure

Step 1 - Complete all required forms listed below. You may initiate these documents, but your immediate supervisor must review, provide information, and sign form.

- Position Questionnaire
- Position Description Template
- Organization Chart

Step 2 – Submit signed and completed packet to the Office of Human Resources at harmony.stobaugh@oit.edu or Snell Hall Room 111.

Step 3 – If the department agrees with this request, the department must complete the position description update within [HEROES](#) and submit with the employee requested review.

Questions?

If you have questions, please contact the Office of Human Resource at 541.885.1120.

Classified Employee Reclassification Review Request
Position Questionnaire

Employee Name (Last, First)		Phone	E-mail	Campus
Position #	Department	Building and Room #	Work Days and Work Hours ¹	
Supervisor Name and Title		Phone	E-mail	Campus
Department Head/Director		Phone	E-mail	Campus
Current Classification Title		Working Title (if different from current classification title)		

¹ If other than Monday through Friday, 8 a.m. to 5 p.m.

1. Specify the type of work you perform which you consider to be outside of your present class specification.

2. Specify the job classification you think provides the best match for your position.

☐ Do Not Know

Check the box if you do not have an opinion about the proper classification for your position.

3. How long have you been performing these duties? ☐ Less Than Six (6) Months ☐ Six (6) Months or More

4. Is this a supervisory position? ☐ Yes ☐ No Is this a lead position? ☐ Yes ☐ No

If either question above in #4 is answered yes, complete a line in the table below for each subordinate employee.

Name	Title	FTE ²	Your Responsibility	Duration of Supervision/Lead Work
			<input type="checkbox"/> Lead <input type="checkbox"/> Supervise	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
			<input type="checkbox"/> Lead <input type="checkbox"/> Supervise	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
			<input type="checkbox"/> Lead <input type="checkbox"/> Supervise	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
			<input type="checkbox"/> Lead <input type="checkbox"/> Supervise	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
			<input type="checkbox"/> Lead <input type="checkbox"/> Supervise	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
			<input type="checkbox"/> Lead <input type="checkbox"/> Supervise	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal

² Full-Time Equivalent (e.g. full-time is 1.00 FTE)

If you are a **supervisor**, does your position perform the following actions (check all that apply)?

☐ Hire ☐ Evaluate ☐ Correct ☐ Discipline ☐ Assign Work ☐ Instruct & Check Others Work ☐ Terminate Others

5. Employee Review

This form was completed by the: ☐ Employee ☐ Supervisor

If completed by the Supervisor: This form has been prepared by my supervisor and I, _____,
☐ agree ☐ disagree that this is an accurate and complete description of my duties. Employee name

By signing below, I verify that the information I have provided is accurate and complete:

Employee's Signature

Date

Employee's Name (type or print)

6. Supervisor Review

The information provided by the employee is accurate and complete. ☐ Yes ☐ No

If no, please explain below or attach a page clarifying the issue(s) of concern.

Check the statement that most accurately describes the level of supervision you exercise over this position:

- ☐ Close, detailed
- ☐ Spot-check basis only
- ☐ Little, employee responsible for devising own work methods
- ☐ Other, please explain below:

Supervisor's Signature

Date

Department Head Signature

Date

Supervisor's Name (type or print)

Name (type or print)

Additional Signatures (For use per organization policy)

Signature

Date

Signature

Date

Name (type or print)

Name (type or print)

Classified Employee Reclassification Review Request
Position Description Form

Download and complete the [position description template](#) located on the [Classification and Compensation](#) webpage.

Include completed position description template with this form at time of submission.

Classified Employee Reclassification Review Request
Organizational Chart

Complete the organizational structure below for your department.

Name: Chair/Dean/VP

Name: Second-Level Supervisor

Name: Immediate Supervisor

Name:

Positions you supervise

Name: Name: Name: Name:

Name: Name: Name: Name:

Name: Name: Name: Name:

Name: Name: Name: Name:

FOR DEPARTMENT REQUESTED REVIEWS ONLY

Please submit a position description update in [HEROES](#) or work with an authorized HEROES user to submit.

TO ACCESS HEROES, PLEASE VISIT

<https://techweb.oit.edu/faculty-staff/human-resources>