

JEFFERSON COUNTY PUBLIC SCHOOLS

REQUEST FOR JOB CLASSIFICATION/RECLASSIFICATION

I. CLASSIFICATION (NEW JOB): RECLASSIFICATION:

COST CENTER: _____
SUPERVISOR'S TITLE: _____
CURRENT JOB FAMILY/SALARY GRADE: _____
REQUESTED JOB FAMILY/SALARY GRADE: _____

II. IN THE SPACE BELOW, PROVIDE A SPECIFIC RATIONALE FOR THE REQUESTED CLASSIFICATION OR RECLASSIFICATION:

III. ON A 1 - 5 SCALE, RANK THE JOB RELATIVE TO THE FOLLOWING INDICATORS

1. COMPLEXITY

SIMPLE/LIMITED 1 2 3 4 5 COMPLEX/TECHNICAL

2. DIVERSITY OF TASKS

ROUTINE/REPETITIVE 1 2 3 4 5 DIVERSIFIED/CHANGING

3. DEXTERITY REQUIRED

LITTLE/INTERMITTENT 1 2 3 4 5 INTENSE/EXACTING

4. CONTACT OUTSIDE OF ORGANIZATION

LIMITED/ROUTINE MATTERS 1 2 3 4 5 CONSIDERABLE/SIGNIFICANT MATTERS

5. CONTACT WITHIN ORGANIZATION

LIMITED/ROUTINE MATTERS 1 2 3 4 5 CONSIDERABLE/SIGNIFICANT MATTERS

6. SUPERVISION RECEIVED

CLOSE/ROUTINE DECISIONS 1 2 3 4 5 INDEPENDENT/TECHNICAL DECISIONS

IV. ADDITIONAL INFORMATION

1. HOW MANY EMPLOYEES WILL THE PERSON IN THIS JOB ACTIVELY AND DIRECTLY SUPERVISE ON A DAILY BASIS INCLUDING EVALUATING JOB PERFORMANCE?

2. HOW MANY HOURS BEYOND THE NORMAL WORKDAY ARE REQUIRED? HOW OFTEN?

COST CENTER HEAD SIGNATURE

DATE

CABINET MEMBER SIGNATURE

DATE