

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT**

**Request for Job Reclassification**

**Job Evaluation Questionnaire - Auxiliary**

Revised 9/2015

|  |  |
|--|--|
| <b>REQUESTER:</b>                          |  |
| <b>INCUMBENT(IF OTHER THAN REQUESTER):</b> |  |
| <b>DATE:</b>                               |  |
| <b>DEPARTMENT/CAMPUS:</b>                  |  |
| <b>SUPERVISOR:</b>                         |  |
| <b>PRINCIPAL/DIRECTOR:</b>                 |  |
| <b>SR. STAFF MEMBER:</b>                   |  |

Your request to have your job reclassified will be reviewed by the Job Evaluation Committee. A reclassification request is based upon a permanent and significant change in the duties and responsibilities of an established position. An occasional assignment or the addition of similar duties does not constitute a change in the job. Your supervisor, Principal/Director, AND Sr. Staff member must also agree that your job has changed. *The evaluation of a job rates the job, not the person in the job.*

Attach a copy of your current job description and how you feel it should be revised. This questionnaire and your proposed job description will be used by the Job Evaluation Committee to evaluate your request. All questions must be answered completely. You may attach additional pages for your answers, if necessary.

| <b>GENERAL INFORMATION</b>  | <b>CURRENT POSITION</b>  | <b>REQUESTED POSITION</b>  |
|---|--|--|
| JOB TITLE:  |  |  |
| PAY CATEGORY:   |  |  |
| ANNUAL LENGTH OF ASSIGNMENT   | <input type="checkbox"/> 10 mos. <input type="checkbox"/> 11 mos. <input type="checkbox"/> 12 mos. | <input type="checkbox"/> 10 mos. <input type="checkbox"/> 11 mos. <input type="checkbox"/> 12 mos. |
| Is this position unique to your campus/department? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| List the names of other persons (in the same job) or groups that will be impacted by a change in your position.   |  |  |
|   |  |  |
| Describe duties and responsibilities added or deleted from your position since it was most recently classified/reclassified. If necessary, continue on a separate page. |  |  |
|   |  |  |

| <b>JOB KNOWLEDGE REQUIRED PRIOR TO ASSUMING ROLE</b>                        |                               |
|---|-------------------------------|
| 1. How <u>much</u> experience is required?                                  | ___ none ___ months ___ years |
| 2. What <u>type</u> of experience is required and how would it be obtained? |                               |
| 3. What education or special training/skills is required?                   |                               |

Job Evaluation Questionnaire – Auxiliary

|  |  |
|--|--|
| 4.What equipment must you operate in this position?  |  |
| 5.What special licenses are you required to hold?  |  |
| Give two examples of problems that you have solved that required knowledge acquired through prior experience or through specialized training/education. If not applicable, write N/A below. If necessary, continue on a separate page. |  |

| <b>RESPONSIBILITY</b>   |  |
|---|--|
| 1.What resources do you use to make decisions?  | <input type="checkbox"/> SOP <input type="checkbox"/> technical manuals <input type="checkbox"/> technical knowledge<br><input type="checkbox"/> Other (specify)   |
| 2.What impact would an error in your job have?  | <input type="checkbox"/> none , errors are caught by others<br><input type="checkbox"/> expensive (damage to equipment, waste of material)<br><input type="checkbox"/> serious (significant cost in both time and money)<br><input type="checkbox"/> other (specify) |
| 3.To what extent does your job subject you or others to safety risk?  |  |
| Give two examples of tasks that you complete that could result in loss of life or significant loss of time or money. If not applicable, write N/A below. If necessary, continue on a separate page. |  |

| <b>WORK ENVIRONMENT</b>   |   |
|---|---|
| 1.How much physical exertion is required in your job?   | <input type="checkbox"/> normal effort, standing, walking, sitting<br><input type="checkbox"/> great physical effort, heavy physical work |
| 2.What type of physical environment do you work in?   |   |
| Give two examples of physical exertion that you routinely perform in your job. List any physical hazards that you routinely contact in your job. If not applicable, write N/A below. If necessary, continue on a separate page. |   |

| CONTACTS AND INFORMATION  |  |
|---|--|
| 1. Who do you most frequently communicate with to perform your job? |  |
| 2. What is your usual reason for communicating with others?         |  |
| 3. What type of confidential information do you receive?            |  |

| SUPERVISION OF OTHERS   |  |
|---|--|
| 1. Provide the job titles and the number of employees in each job that you supervise. |  |
| 2. What type of supervision do you provide to others?                                 | <input type="checkbox"/> check work <input type="checkbox"/> discipline employees <input type="checkbox"/> performance appraisal |
| 3. What training do you provide these employees?                                      |  |

| APPROVALS (REQUIRED) |           |      |
|----------------------|-----------|------|
| PRINTED NAME         | SIGNATURE | DATE |
| Employee:            |           |      |
| Supervisor:          |           |      |
| Principal/Director:  |           |      |
| Sr. Staff Member:    |           |      |

Thank you for completing this questionnaire. Copies of your current job description and proposed job description are required to be submitted with questionnaire. Submit all documents by OCTOBER 9, 2015 to:

**LORI CUMMINGS, DIRECTOR OF PERSONNEL SERVICES**  
**SBISD ADMINISTRATION BUILDING**