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**Missoula County Public Schools – District 1**

**POSITION RECLASSIFICATION QUESTIONAIRE**

Classified MMCEO Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building/Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person making request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Areas of Measurement for Above Position**

(see manual for definitions of the 8 areas)

Complexity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level\_\_\_\_\_\_\_\_\_\_ Level Total \_\_\_\_\_\_\_\_\_

Knowledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Accountability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level\_\_\_\_\_\_\_\_\_\_ Level Total \_\_\_\_\_\_\_\_\_

Independence of Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Personal Contacts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Physical Demands: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Work Environment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Lead Worker Supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please submit a narrative defining the justifications for a level increase. Please attach additional information and rationale. State any additional factors which support this request.

**Supervisor Comments:** The supervisor should include any comments regarding the position response here. As a supervisor, it is important that you review this questionnaire and identify any discrepancies between the questionnaire and your own knowledge of the job. Remember, this questionnaire is intended solely for the purpose of accurately describing the job, and is not intended as an evaluation of the individual performing the job or their performance. Attach additional sheets if necessary.

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**Signatures**

To the best of my knowledge, the statements in this questionnaire are accurate and complete.

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

MMCEO Representative’s Signature Date

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

Supervisor Signature Date

**AUTHORIZATION SIGNATURES – RECLASSIFICATION PANEL**

\_\_\_\_\_Approve \_\_\_\_\_Disapprove

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Committee comments:** If this questionnaire is reviewed by a committee, the committee chair or secretary should include any comments regarding the position or the supervisor’s comments here. The committee is responsible for ensuring that jobs are described accurately, identifying and recording functions that are similar within job categories, and for delineating functions that are unique to specific jobs or groups of jobs. Attach additional sheets if necessary.

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**Missoula County Public Schools – District 1**

**RECLASSIFICATION REQUEST PROCEDURES**

**for Classified Bargaining Unit Members**

In the event a bargaining unit member, supervisor, or the Association’s Executive Board believes a position is in the need of reclassification, the procedures below should be followed:

1. The bargaining unit member must be in a permanent status.

2. The bargaining unit member must review and compare his/her current job description and the job description of the desired position.

3. Complete the Reclassification Request Form, attaching all appropriate documentation.

4. Submit the completed forms to the Reclassification Committee in the Human Resources Department. The window period for submission shall be November 1st – 30th each year of the contract.

5. The bargaining unit member must be willing to be interviewed by the Reclassification Committee.

6. The Reclassification Committee’s original recommendation will be reported to the Superintendent or designee(s).

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