

CLASSIFICATION / RECLASSIFICATION RATING & SUMMARY SHEET

Whether a position description is to be rated via the Classification process or the Reclassification process, this document must be completed by the PB Chair or Vice-chair.

The Personnel Board held a hearing on _____, 20____ to review the request from _____ (who):

☐ For a new Classification of _____ (position title) at recommended Grade _____.

• Dept. Head/representative present at hearing: No____ Yes____ -Who_____

☐ For Reclassifying the existing position of _____ (position title) currently rated at Grade _____ to recommended position title of _____ rated at recommended Grade _____.

• Dept. Head/representative present at hearing: No____ Yes____ -Who_____

• Current employee present: N/A____ No____ Yes____ -Who_____

☐ Employee Evaluation (section 2.6.a) **OR** ☐ Position Evaluation (section 2.6.b)

This Classification / Reclassification request is consistent with the definition as described in Section 2.4 or Section 2.6 of the PB Policy and Procedures document and the procedures/documentation followed in Section 8.3 of the PB Policy and Procedures document.

1. Indicate the approved Position Title in the blank box above the 'Degree' and 'Points' columns.
2. Input the hours assigned to this position [37.5 or 40] in the row below the 'Grade' indication, as well as whether the position is "Exempt" or "Non-Exempt" from FLSA wage rules.

Rating Factors	DegreePoints		Member Factor Ratings						
			R1	R2	R3	R4	R5	Final	
#1-Physical Environment									
#2-Knowledge, Training & Education									
#3-Problem Solving, Skills & Effort									
#4-Physical Skills & Effort									
#5-Experience									
#6-Interactions with Others									
#7-Confidentiality									
#8-Occupational Risks									
#9-Complexity									
#10-Supervision Received									

Rating Factors	Degree	Points	R1	R2	R3	R4	R5	Final
#11-Supervision Given								
#12-Supervision Scope								
#13-Judgment and Initiative								
#14-Accountability								
TOTAL POINTS								
GRADE								
This position is classified as a _____ - hour/week position – EXEMPT / NON-EXEMPT								
Notes/Comments:								

Participating Personnel Board Members:

	<u>Print Name</u>	<u>Initials</u>	<u>Date Completed</u>	<u>Chair</u>	<u>Vice Chair</u>	<u>Member</u>
1.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This originally completed document, or a copy, shall be placed in either the position folder or the employee's personnel file, for public records purpose by the HR department.

Letter sent on ____/____/____

PB Chair / Vice-chair Signature: _____

PB Chair / Vice-chair Print Name: _____

A copy of this completed/signed form is put in the HR Classification/Reclassification file of the employee or position.