



**Office of Human Resources
REQUEST FOR CLASSIFICATION**

The purpose of the Request for Classification form is to collect detailed job content information to determine the appropriate classification and pay range for a position. Part I is completed by the incumbent, the supervisor or department's HR Liaison. Part II is generally completed by the incumbent with supervisory review. If the request is for a redefined vacant position, then the supervisor should complete this section. Part III is to be completed and signed by the immediate supervisor. Part IV is to be completed and signed by the department head. Please be sure that the information on this form is accurate and complete. If you have any questions or need guidance in completing this form, please contact Classification & Compensation at 831-2171.

PART I: ORGANIZATIONAL INFORMATION

1. PLEASE CHECK: Hrs. per week: <input type="checkbox"/> 37.5 <input type="checkbox"/> 40 <input type="checkbox"/> Part Time <input type="checkbox"/> Existing Position <input type="checkbox"/> Vacant Position		POSITION NUMBER:
2. NAME, PRESENT TITLE AND CURRENT LEVEL OF POSITION:		
TELEPHONE NUMBER:	DEPARTMENT:	
3. NAME AND TITLE OF PERSON RESPONSIBLE FOR PREPARING THE QUESTIONNAIRE:		
TELEPHONE NUMBER:	ROOM NUMBER/BUILDING:	
4. NAME AND TITLE OF SUPERVISOR:		
TELEPHONE NUMBER:	ROOM NUMBER/BUILDING:	

FOR CLASSIFICATION & COMPENSATION USE ONLY

NUMBER:		ASSIGNED TO:		DATE/TIME OF INTERVIEW:	
DETERMINATION/DATE:				FLSA CLASSIFICATION	
				<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
LEVEL:	JOB CODE NUMBER:	SALARY RANGE:			APPROVED/DATE:
		MIN	MID	MAX	
COMMENTS:					

PART II: POSITION INFORMATION

Prior to completing this section, think about the tasks that you currently perform in your position or redefined vacant position.

5. EXPLAIN IN A BRIEF STATEMENT THE SUMMARY OF THE JOB AND PRINCIPAL RESPONSIBILITY.		
6a. DESCRIBE THE WORK PERFORMED CURRENTLY OR AS PROPOSED FOR THE POSITION. ESTIMATE THE PERCENTAGE OF TIME SPENT ON EACH MAJOR RESPONSIBILITY.		
%	DUTIES	
100%		
6b. LIST DUTIES AND PERCENTAGES IN QUESTION 6a THAT DO NOT CORRESPOND TO YOUR CURRENT JOB DESCRIPTION OR THAT YOU FEEL ARE AT A HIGHER CLASSIFICATION. USE ADDITIONAL PAPER IF NECESSARY.		
%	DUTIES	
7. IN YOUR OPINION, WHAT KNOWLEDGE, SKILLS AND ABILITIES ARE REQUIRED OR NEED TO BE LEARNED TO PERFORM THE DUTIES LISTED IN QUESTION 6. ESTIMATE THE AMOUNT OF TIME REQUIRED TO LEARN THESE.		
8. STATE WORK ACTIONS AND/OR DECISIONS MADE WITHOUT PRIOR APPROVAL.		
9. NAMES AND TITLES OF PERSONS SUPERVISED OR DIRECTED.		
NAMES	TITLES	TYPES OF SUPERVISION RECEIVED*
<small>*Immediate - Instructions are specific and detailed; work is checked frequently. Close - Established routines are thoroughly explained; work is checked upon completion. General - Results desired are indicated; employee works at own pace; work is reviewed for general effectiveness.</small>		
10. LIST CONTACTS WITH PEOPLE OTHER THAN IMMEDIATE SUPERVISOR AND THOSE UNDER SUPERVISION. INDICATE THE METHODS (IN PERSON, TELEPHONE, CORRESPONDENCE), FREQUENCY AND NATURE OF CONTACT.		
I certify that this information is complete and accurate:		
Signature of Incumbent		Date

PART III: TO BE COMPLETED BY SUPERVISOR

11. ARE THERE ANY ADDITIONS OR DELETIONS TO EMPLOYEE'S STATEMENTS?			
12. IN YOUR OPINION, WHAT ARE THE MOST IMPORTANT DUTIES OF THE POSITION?			
13. IN YOUR OPINION, WHAT ARE THE MINIMUM LEVELS OF EDUCATION AND EXPERIENCE WHICH ARE REQUIRED TO PERFORM THE DUTIES OF THIS POSITION?			
A. Education		Program	
High School			
College			
Technical			
B. Experience		Type	Number of Years
14. ATTACH AN ORGANIZATION CHART SHOWING EMPLOYEE'S POSITION WITHIN YOUR UNIT.			
<i>I certify that this information is complete and accurate:</i>			
Signature of Supervisor			Date

PART IV: TO BE COMPLETED BY THE DEPARTMENT HEAD

15. GENERAL COMMENTS -INCLUDE ANYTHING PERTINENT THAT YOU FEEL HAS NOT BEEN ADEQUATELY COVERED OR NEEDS TO BE KNOWN ABOUT THE POSITION.			
<i>I certify that this information is complete and accurate:</i>			
Signature of Department Head	Date	Signature of Dean/VP	Date

PART V: POSITION DESCRIPTION

DIRECTIONS

HEADING

- The Heading identifies the position and provides essential information. The signatures insure that the incumbent, the immediate supervisor and the appropriate Dean or Vice President agree on the job duties, level of responsibility and qualifications required.
- Position Title: Complete title as assigned by the unit. Avoid abbreviations.
- Department/Unit: The name of the office or department/unit within which the position is assigned.
- College/Administrative Office: The name of the college or administrative office that is the major organizational unit.
- Location: The city or town where the position is located, e.g., Newark, Lewes, Georgetown, Wilmington.
- Title of Supervisor: The position (dean, director, manager, etc.) that has immediate authority over the position.
- Date Prepared: The month and year when the description is written.
- Incumbent: The full name of the person currently in the position.
- Written by: The full name of the writer of the position description.
- Approvals: The signature of the immediate supervisor confirms that this description is accurate and complete.
- The signature of the dean or director confirms that this description is consistent with others in the college or administrative office.
- The signature of the vice president confirms that this description is appropriate within the larger institutional context.

CONTEXT OF JOB

Write a brief narrative explanation of the way in which the position relates to and supports the department/unit identified in the Heading. Include information about those supervised, the number of transactions performed, the size of the budget, etc. Consider how the position approaches and resolves major problems that are faced in the job. Some positions have clear standards and established precedents to guide the problem-solving process; other jobs rely more on evaluative or conceptual thinking. Describe the level of authority the position has to make decisions affecting others.

MAJOR RESPONSIBILITIES

List the responsibilities of the position. A good resource is the list of major responsibilities on recent performance appraisals or an old job description. Try to limit this section to eight major responsibilities, listed in descending order of importance. It is tempting to list 20 or 30 tasks or activities, but most of these can be combined into major areas. Even the most complex job can usually be summarized in six to eight key responsibilities.

QUALIFICATIONS

Indicate the basic skills, work experience, education, formal training, or professional credentials required to perform this position satisfactorily. Try to be objective rather than personal; think about the skills and proven abilities someone else would need to be qualified to do this work. Avoid the temptation to enlarge the position artificially by overstating the necessary qualifications of a competent replacement. Differentiate between absolute requirements, preferred qualifications and desirable skills or experience. If the position requires a degree, be specific about the specialty area or major concentration. Identify specialized experience only if it is essential to successful job performance.



**Office of Human Resources
POSITION DESCRIPTION**

Position Title:

Date Prepared:

Department:

Incumbent:

College/Admin Office:

Prepared by:

Location:

Approvals:

Title of Supervisor

Current Level:

Position Number:

CONTEXT OF THE JOB:

MAJOR RESPONSIBILITIES:

QUALIFICATIONS: