

JOB RECLASSIFICATION PROCESS

A panel shall be established to hear reclassification requests from the bargaining unit or department heads. The four (4) member panel shall consist of the Director of Human Resources, member of management, AFSCME Union Local President and a Union officer or member.

The following are conditions governing this forum:

1. The employee seeking reclassification may be represented by no more than one (1) bargaining committee member.
2. The reclassification panel shall be provided with a copy of the completed Position Document Questionnaire.
3. The Department Head of an employee seeking a reclassification shall be entitled to attend the presentation but shall not be required to either attend or take part in the proceedings.
4. Every effort shall be made to conduct all meetings within sixty (60) days of the request.
5. The bargaining committee representatives and the employee shall be provided no less than seven (7) working days notice of meetings.
6. The meetings shall be scheduled at a time mutually acceptable to all of the participants.
7. The panel shall have thirty (30) calendar days from the meeting date to provide a written response to the reclassification request.
8. The Director of Human Resources or designee shall act as chair of the panel.
9. A request for the same reclassification can be made only once per twelve (12) month period.

MichiganTech

POSITION DOCUMENTATION QUESTIONNAIRE AFSCME POSITIONS FOR EMPLOYEE/SUPERVISOR

Position Title: _____ Name: _____

Reports To (Title): _____

Department: _____ Date: _____

A. SPECIFIC DUTIES AND PERFORMANCE MEASURES

List the major duties you perform on a regular basis starting with the most important. Use specific verbs of action (i.e., regular, test, draft, etc.) avoid “generic” verbs (i.e., handle, assist, responsible for, etc.).

Example:

Duty
Wash windows, dust furniture, replace washroom items, clean washroom fixtures as required.
Clean food service equipment.
Select, order, install, and maintain piping, fittings, fixtures, valves, gauges, meters, etc. in accordance with requirements and standard practices.
Read and work from Blueprints, sketches, and schematic diagrams.

Duty

B. REPORT PREPARATION: Are you expected to prepare special reports? Yes No

If yes, when you prepare these reports, do you:

- compile or calculate numeric data
- interpret data
- make recommendations based on the data

Who assigns these tasks to you and what are the reports used for?

C. EQUIPMENT OPERATION:

What types of equipment do you use?

Equipment Used:

D. WORK DIRECTION:

- a. Do you have responsibility for providing work direction for others (distributing work to others, reviewing work for content or completeness, assigning persons to specific work, training new employees)? If no, go to question "b".

If yes, specify employees by title, number supervised and describe the nature of the direction provided.

Title	Number	Nature of Direction

- b. From whom do you receive work direction?
Job Title(s)_____
 - c. Who reviews and approves your work?
Job Title(s)_____
 - d. Who would you go to if you had a question about your work?
Job Title(s)_____
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E. RESPONSIBILITY AND DECISION MAKING AUTHORITY:

- 1. What kinds of decisions do you have the authority for making? (Give examples)

- 2. What kinds of decisions or problems do you refer to your supervisor? (Give examples)

F. SOFTWARE COMPUTER OPERATION

What types of software do you use?

Software Used:

G. ENVIRONMENT:

Identify the environment aspects affecting your performance (i.e., unusual hours, travel, physical effort, time schedules, changes in organizational structure, working conditions, etc.).

H. SPECIAL TASKS AND ADDITIONAL INFORMATION:

List any information not included in your previous responses that is important to know about your position.

If employee is completing form:

EMPLOYEE'S SIGNATURE:

I certify that the information given to this document is true and complete without qualification.

Signature: _____

Title: _____

Date: _____

SUPERVISOR'S SIGNATURE:

Signature: _____

Title: _____

Date: _____

Add any additional information on a separate sheet.

If supervisor is completing form:

SUPERVISOR'S SIGNATURE:

I certify that the information given to this document is true and complete without qualification.

Signature: _____

Title: _____

Date: _____

EMPLOYEE'S SIGNATURE:

Signature: _____

Title: _____

Date: _____

Add any additional information on a separate sheet.