



## POSITION RECLASSIFICATION FORM

### INSTRUCTIONS

This form is used for requesting a change in current job title, salary grade or both. Please follow these instructions carefully since it will be necessary to return improperly or inadequately prepared forms for revision. Attach additional sheets of paper whenever space is inadequate or if you wish to add further documentation not covered in this form which is relevant to your request.

- 1) This form must be filled out completely and accurately prior to submission. The quality of your responses will facilitate the review process. If you have any questions regarding any section of this form, consult your supervisor, Personnel Division or the County Personnel Office.
- 2) Your responses on this form should either be typed or printed legibly.
- 3) Keep a copy of your completed form for your own records.
- 4) Do not use internal jargon, acronyms, abbreviations, form numbers or unexplained technical terms.
- 5) If this is not the first request you have filed for the reclassification of this position, please indicate the date of your last reclassification request on the front of this form, as indicated. A re-request may not be filed for a period of one year since the last request. When completing the Primary Responsibilities, fill out only those duties which have changed or were not represented in your last application for reclassification. Attach a copy of your last application. Only substantial changes in duties and responsibilities will be considered for re-review.
- 6) Your request and responses will be reviewed with your supervisor and department head during the course of the study.
- 7) If your employment status changes subsequent to filing this request (for example: promotion, transfer, or resignation), please notify the Personnel Office immediately.
- 8) A letter of acknowledgement will be mailed to you and will initiate the analysis of your request unless you are notified that the form is incomplete and further information is needed.
- 9) A letter of determination will be mailed to you at the conclusion of the study.

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- 10) Implementation of any decision is subject to applicable New York State Civil Service laws, personnel procedures, labor agreements and Westchester County administrative and legislative approvals.
- 11) Reclassification or reallocation determinations may result in a change to a position title in a lower job group, the same job group or a higher job group.
- 12) In the event that the study results in a decision with which you do not agree, you may appeal the decision to the Classification and Compensation Appeals Board.
- 13) No employee whose salary is increased by such reclassification or reallocation shall have any claim against the County for the difference, if any, between the salary under the old title and that of the new title for any period prior to the date such change in salary becomes effective.
- 14) Reclassification to a title for which an eligible list exists will not be made effective until such time as the then incumbent has had an opportunity to compete in an examination for said new title.



POSITION RECLASSIFICATION FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ JOB GROUP \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ DIVISION \_\_\_\_\_

LOCATION \_\_\_\_\_ PHONE# \_\_\_\_\_

LENGTH OF TIME IN POSITION \_\_\_\_\_ CIVIL SERVICE STATUS IN TITLE \_\_\_\_\_

\_\_\_\_ FIRST REQUEST FILED. \_\_\_\_ PRIOR REQUEST FILED ON (DATE): \_\_\_\_\_

YOUR IMMEDIATE SUPERVISOR (NAME/TITLE) \_\_\_\_\_

YOUR SUPERVISOR REPORTS TO (NAME/TITLE) \_\_\_\_\_

EMPLOYEES WHO REPORT DIRECTLY TO YOU (TITLE/#) - INDICATE IF PT/ OR SEASONAL

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INDICATE THE NUMBER OF EMPLOYEES WHO REPORT TO YOU  
INDIRECTLY (THROUGH THE ABOVE) \_\_\_\_\_









SUPERVISION RECEIVED: Please indicate what amount of supervision this job ordinarily receives. Check one.

- Frequent. All but minor variations are referred to Supervisor.
- Several times daily, to report or to get advice and/or assignments. Follow established methods and procedures; refer exceptions.
- Occasional, since most duties are repetitive and assigned with standard instructions and procedures as guides. Unusual problems are referred, frequently with suggestions for correction.
- Limited supervision. The nature of the work is such that it is performed to a large extent on own responsibility after assignment, with some choice of method. Occasionally develop own methods.
- Broad objectives are outlined. Work is judged primarily on overall results with much choice of method. Frequently develop methods to achieve desired results.
- Little or no direct supervision. Have wide choice in selection, development and coordination of methods within broad framework of general policies.

SUPERVISORY RESPONSIBILITIES: Check the following box or boxes only if you are responsible for the work of others as listed on page 1.

	<u>Continually</u>	<u>Frequently</u>	<u>Occasionally</u>
Instruct /Train	_____	_____	_____
Assign Work	_____	_____	_____
Review Work	_____	_____	_____
Plan Work of Others	_____	_____	_____
Conduct Performance Evaluations	_____	_____	_____
Coordinate Activities	_____	_____	_____
Allocate Personnel	_____	_____	_____
Act on Employee Problems	_____	_____	_____
Select New Employees	_____	_____	_____
Increment Approval/Denial (Recommend___Approve___)	_____	_____	_____
Promote (Recommend___Approve___)	_____	_____	_____
Progressive Discipline (Recommend___Approve___)	_____	_____	_____
Discharge (Recommend___Approve___)	_____	_____	_____

**INTERRELATIONSHIPS:** Check the extent of contacts you have related to your job responsibilities.

	<u>Continually</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Never</u>	<u>Method: Phone /Letter or In Person</u>
Employees in own department	_____	_____	_____	_____	_____
Employees in other County departments	_____	_____	_____	_____	_____
Other public/private agencies	_____	_____	_____	_____	_____
Professionals	_____	_____	_____	_____	_____
Sales Representatives	_____	_____	_____	_____	_____
General Public	_____	_____	_____	_____	_____
Patients/Clients	_____	_____	_____	_____	_____
Community Groups	_____	_____	_____	_____	_____
Press	_____	_____	_____	_____	_____
Others (Specify)	_____	_____	_____	_____	_____

**EXAMPLE & PURPOSE OF SUCH CONTACTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**POSITION SCOPE:** Indicate quantitative data by which job activities/ responsibilities can be measured (For example: size of budget, number of claims processed, quantity and variety of typing performed, number of clients served, etc.).

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**PHYSICAL DEMANDS:** (Check if applicable to your job) Give approximate percentage of time in working day for each one checked.

Walking	___	% time	___	Carrying	___	/(lbs.)	___
Standing	___	% time	___	Lifting	___	/(lbs.)	___
Sitting	___	% time	___				
Stooping	___	% time	___	Exposure to:			
Climbing	___	% time	___	Risk	___	% time	___
Shift Work	___	% time	___	Elements	___	% time	___
Travel	___	% time	___	Injury	___	% time	___

**EXPLAIN:**

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**REQUIRED TRAINING AND EXPERIENCE:**

a) How much education or training do you believe is the basic requirement for this job? (Check one).

\_\_\_ Manual Skills \_\_\_\_\_

\_\_\_ High School/Equivalency Diploma

\_\_\_ Trade School \_\_\_\_\_

\_\_\_ High School plus additional training \_\_\_\_\_

\_\_\_ Associate's Degree

\_\_\_ Bachelor's Degree/Major \_\_\_\_\_

\_\_\_ College plus post graduate studies: (List) \_\_\_\_\_

\_\_\_ Formalized on-going education/training \_\_\_\_\_

\_\_\_ Special License: (List) \_\_\_\_\_

b) How many years of experience must one have to perform the duties satisfactorily? \_\_\_\_\_

What type of experience, knowledge or skills are needed? \_\_\_\_\_

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

Are you currently on any Civil Service lists or have you taken any Civil Service exams within the past twelve months? Give title(s).

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

This completed questionnaire represents a true and accurate statement of my duties and responsibilities. I understand that if my position is reclassified, my permanent appointment to that title is subject to the application of a Civil Service list in accordance with New York State Civil Service law.

\_\_\_\_\_  
(Employee Signature/Date)