



# Conejo Valley Unified School District

## PERSONNEL SERVICES DIVISION CLASSIFIED PERSONNEL

1400 E. Janss Road, Thousand Oaks, California 91362-2198  
Telephone (805) 497-9511 • FAX (805) 494-3741

### CLASSIFIED POSITION QUESTIONNAIRE

#### GENERAL INFORMATION

Employee Name: \_\_\_\_\_

Classification Title: \_\_\_\_\_

Working Title (if applicable): \_\_\_\_\_

Department/School Site: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_ Month \_\_\_\_\_ Year      Work Days:     M - F     Variable

Work Year       12 month       10.5 month      Assigned Work Hours: \_\_\_\_\_ A.M. - \_\_\_\_\_ P.M.

11.5 month       10 month

11 month       School Term

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Dept/Site Administrator: \_\_\_\_\_ Title: \_\_\_\_\_

#### BRIEF EMPLOYMENT HISTORY

Have you held any other position(s) with CVUSD?       Yes  No      If Yes, list classification titles:

Past Classification Title: \_\_\_\_\_ Length of service: \_\_\_\_\_

Past Classification Title: \_\_\_\_\_ Length of service: \_\_\_\_\_

Have you ever participated in the Districtwide compensation classification study to determine if your position is properly classified?       Yes  No

Have you ever requested that your position be studied?       Yes  No      If Yes, check a) or b)

a.  I was reclassified to \_\_\_\_\_ Date of Reclassification: \_\_\_\_\_

                  OR      *Classification Title*

b.  My request was reviewed, but was not approved for reclassification

#### REASON FOR CLASSIFICATION REQUEST

Requested by:     Job incumbent (employee)     Position supervisor     Job Incumbent AND Supervisor

Basis for request:    *Please provide a brief rationale for the classification request in the space provided below.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POSITION ANALYSIS**

**POSITION PURPOSE:** *Briefly describe how the position impacts department/division or school site operation*

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

**LEVEL OF SUPERVISION RECEIVED:** *Check the option that best describes the level of work direction and supervision given to you by your immediate supervisor*

- Daily work direction is given, assignments performed with frequent supervision
- Weekly or monthly specific work directives are given, long-term assignments receive moderate supervision
- Follow standardized procedures with little immediate supervision in normal routine or work broad assignments, procedure not standardized; usually with little guidance or checking; rarely refer to supervisor except as to matters of policy
- Organize own work, assign and check work, rarely refer specific problems to supervisor
- Under administrative direction, set up own standards of performance; virtual self-supervision

**LEVEL OF SUPERVISORY AUTHORITY EXERCISED**

If this position involves leadership, supervisory, or managerial responsibilities for other staff, check below the responsibilities assigned to the position on an on-going basis. For those that are checked, enter the level of involvement in supervising/managing employees. Use the following scale for the level of involvement: *PI = Provide Input, RA = Recommend Approval, or FA= Formal Approval.*

- |  |  |
|--|--|
| <input type="checkbox"/> _____ Selection & Hiring Decisions    | <input type="checkbox"/> _____ Work quality/quantity standards |
| <input type="checkbox"/> _____ Performance Evaluation          | <input type="checkbox"/> _____ Plan and assign work to staff   |
| <input type="checkbox"/> _____ Evaluate Daily Product          | <input type="checkbox"/> _____ Review work product of staff    |
| <input type="checkbox"/> _____ Employee Leave/Vacation Request | <input type="checkbox"/> _____ Assignment Transfer             |
| <input type="checkbox"/> _____ Staff Work Timesheets           | <input type="checkbox"/> _____ Disciplinary Action             |

**LIST CLASSIFICATION TITLES & POSITIONS UNDER YOUR IMMEDIATE SUPERVISION**

	<i>Classification Title</i>	<i># of Positions</i>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

**DESCRIBE THE TYPES OF PROBLEMS THAT ARE REFERRED TO SUPERVISORS**

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

**EDUCATION/CERTIFICATION & RELATED WORK EXPERIENCE**

**Highest Education Level:** \_\_\_\_\_

**Field of Study:** \_\_\_\_\_

**Work Experience:** *Select an option that best describes your work experience that is directly related to the duties/responsibilities of your position*

- More than 1 year, but less than 2 years
- More than 2 years, but less than 3 years
- More than 3 years, but less than 4 years
- More than 4 years, but less than 5 years
- More than 5 years

**Required License(s), Registration(s), Permit(s), and/or Certification(s):** *List all that are required to perform position duties*

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

**POSITION FUNCTIONS:**

Please list core duties/responsibilities that are currently FORMALLY ASSIGNED to you and respective performance frequency. Do not include temporary assignments, duties performed only due to the absence of another employee, or those duties that may be assigned in the future. Use the following scale for frequency: *D=Daily, W=Weekly, BW=Bi-weekly, M=Monthly Q=Quarterly, S=Semi-annually, or A=Annually*. Attach additional pages if necessary.

<i>Duty Statement</i>	<i>Performance Frequency</i>
<i>Example: Assist in preparation of department budget and data analysis for the purpose of accurate budget planning.</i>	Annually
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

**JOB COMPETENCIES: REQUIRED KNOWLEDGE & SKILLS**

Please specify the type of knowledge and skills that are critical to performing assigned job duties successfully.

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**JOB REPORTS:** Briefly describe the most complex reports that are assigned to you and reporting frequency.

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**TOOLS, EQUIPMENT & RESOURCES REQUIRED TO PERFORM JOB DUTIES**

Please list general and job-specific tools and equipment (i.e. computer, laminator, scanner, etc...) and resources (i.e. manuals, texts, policies, etc...) commonly used to carry out job functions.

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**JOB-RELATED COMMUNICATION**

List persons and/or groups that you come in contact with for the purpose of carrying out job duties/responsibilities, excluding immediate supervisors and co-workers.

<b>Contact Type</b>	<b>Contact Frequency</b>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**CERTIFICATION**

I have read and certify that the position information provided, including attachments, is accurate and complete.

\_\_\_\_\_  
*Incumbent Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Immediate Supervisor Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Administrator*

\_\_\_\_\_  
*Date*

NOTE: Signatures verify date of formal request. Vacant positions do not require incumbent signature. Should a dispute arise between employee and supervisor over the information provided by the employee, please include an attachment briefly listing disputed points.

**PERSONNEL COMMISSION USE ONLY**

Reclassification Request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reclassified to:	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> N/A
Date of Approval	_____	Classification Title:	_____
	Date		