



# CHEYNEY UNIVERSITY OF PENNSYLVANIA

America's Oldest Historically Black Institution of Higher Education



## POSITION RECLASSIFICATION REQUEST QUESTIONNAIRE

(Please Type or Print Clearly)

Please respond to information and questions indicated below. Your responses will aid in responding to a reclassification request. Use language that is clear and concise, easily read, and clearly understood. Failure to complete all sections in the questionnaire could lead to disapproval of your reclassification request.

### Identifying Information

Name:	Current Position Classification:
Department:	Proposed Position Classification:
Name and Title of Immediate Supervisor:	Date:

Please provide a brief purpose statement in the area below describing the reason your position exists in one or two sentences.

#### Sample Purpose Statements:

- Provides secretarial services for the Office of Human Resources using computer software applications to produce letters, reports, spreadsheets and other various documents; **OR**
- Perform routine activities that support the maintenance and repair of university buildings, grounds and vehicles utilizing various tools, equipment, and machinery.

#### 1. Purpose Statement for Current Position Class (from job description):


#### 2. Purpose Statement for Proposed Position Class:


## POSITION RECLASSIFICATION REQUEST

### Duties Section

- Describe the primary and secondary duties of the CURRENT position.
- The ***“Duties & Responsibilities”*** and ***“Knowledge, Skill, & Ability”*** sections must be a one (1) to two (2) sentence statement summarizing the essential function being described.

List duties and responsibilities by descending order of importance (refer to current job description). The ***“% Time”*** column should total 100%. (Please attach current job description.)

% Time	Duties & Responsibilities	Knowledge, Skill & Ability
<b>100% Total</b>		

## POSITION RECLASSIFICATION REQUEST

### Duties Section

- Describe the primary and secondary duties of the PROPOSED position.
- The ***"Duties & Responsibilities"*** and ***"Knowledge, Skill, & Ability"*** sections must be a one (1) to two (2) sentence statement summarizing the essential function being described. (Refer to current job description for examples)

List duties and responsibilities by descending order of importance. The ***"% Time"*** column should total 100%.

% Time	Duties & Responsibilities	Knowledge, Skill & Ability
<b>100% Total</b>		

Responsibilities on previous job description no longer being performed.	Identify position now responsible for these assignments.

**This reclassification position questionnaire accurately describes the job under revision.**

Incumbent Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

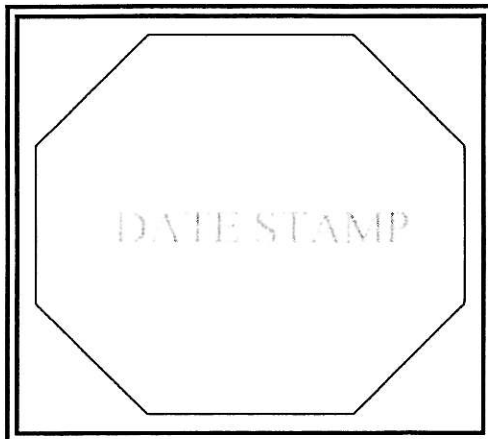
Supervisor's Title \_\_\_\_\_

**FOR THE OFFICE OF HUMAN RESOURCES USE ONLY:**

Reclassification: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Approving Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED:



**PERSONNEL ACTION REQUEST/PROCESSING AND APPROVAL**

Submitted by \_\_\_\_\_ Date \_\_\_\_\_  
Department \_\_\_\_\_

**TYPE OF ACTION (CHECK ALL THAT APPLY)**

Create New Position \_\_\_\_\_ Fill Existing Position \_\_\_\_\_ Transfer \_\_\_\_\_  
\*Reclassification (attach reclassification form) \_\_\_\_\_ Termination \_\_\_\_\_ Promotion \_\_\_\_\_ Demotion \_\_\_\_\_  
Reassignment \_\_\_\_\_ Other \_\_\_\_\_  
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**POSITION DETAILS (CHECK ALL THAT APPLY)**

Previous Employee (if applicable) \_\_\_\_\_  
Full-time \_\_\_\_\_ ¾ time \_\_\_\_\_ ½ time \_\_\_\_\_ ¼ time \_\_\_\_\_ Other \_\_\_\_\_  
Temp Position \_\_\_\_\_ Regular Position \_\_\_\_\_ Interim \_\_\_\_\_  
Classification \_\_\_\_\_ Working Title/Rank \_\_\_\_\_  
Bargaining Unit \_\_\_\_\_ Salary/Range \_\_\_\_\_  
Work hours (non-faculty) \_\_\_\_\_

IF NEW POSITION, RECLASSIFICATION, TERMINATION, PROMOTION, DEMOTION, REASSIGNMENT OR OTHER, PROVIDE JUSTIFICATION FOR THE REQUEST:

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

**SOURCE OF FUNDING**

Operating Budget \_\_\_\_\_ Position Number (s) \_\_\_\_\_ Percentage(s) \_\_\_\_\_  
Grant \_\_\_\_\_ Percentage \_\_\_\_\_ Name of Grant \_\_\_\_\_  
Grant Manager's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(if grant funded, must have grant manager's signature)

Budget Officer (signature) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

Position Description Attached? Yes \_\_\_\_\_ No \_\_\_\_\_  
Advertisement Requested? Yes \_\_\_\_\_ No \_\_\_\_\_  
Requested Publications: The Chronicle  The Inquirer  IM Diversity  CU Website  Other  \_\_\_\_\_  
\*All positions are posted internally

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**SIGNATURES**

Chairperson/Manager (signature) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dean/Director (signature) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Area Vice President (signature) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
VP of Finance & Administration (signature) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
President (signature) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_