


Approved by Joe Sbranti
City Manager

Subject: Procedures for Requests for Classification Studies

1. **Purpose:** To provide guidelines, information, and procedures related to requests for classification studies.

Personnel Rule 3.3 Approval, Amendment and Revision of Plan

Any proposed amendment or revision to the classification plan shall be initiated by or submitted to the Human Resources Director (or designee) who shall provide a recommendation to the City Manager or his/her designee. The classification plan shall be approved, and may be amended from time to time, by the City Manager or his/her designee after notification to the affected collective bargaining organization(s).

2. **Procedure:** This policy sets forth the City's guidelines on requests related to classification studies.

Due to changes such as new City services, the expansion of existing services, reorganizations, or substantial changes in job duties, a request for a classification study may be necessary. This request can be made by contacting Human Resources.

- a) Upon the request, the Human Resources department will provide the department a Classification Study Request (Appendix A) form.
 - b) The department will submit the completed Classification Study Request form to Human Resources for review. Human Resources will provide a Position Classification Questionnaire ("PCQ") (Appendix B) to the department (if applicable) and offer assistance and guidance to complete the form. The department will return the completed PCQ to Human Resources with any associated documentation such as organization charts for review.
 - c) Once a classification study is approved, the process will begin. If denied, the department will be informed and provided with other options that might be available.
3. **Conducting the Study:** Human Resources will conduct preliminary research and collect data which may include a desk audit, review of employment history, salary history, applications, resumes, class specifications, salary surveys, and other data relevant to the study.

4. **Summary and Recommendation:** The study will be presented to the department head or designee and any issues will be addressed at this time. The findings will determine whether the position will remain in the same class, assigned to another existing class or be assigned to a newly created classification, or no change necessary.

5. **Approval:** Any recommendations for approval will be presented to the City Manager for authorization. Types of recommendations:
 - Establish a new classification
 - Reassign a position and/or incumbent to another existing classification (Reclassification)
 - Reassign an existing classification to a new or different salary range
 - Revise the existing class specification
 - a) If the recommendation is to create a new classification, changes to an existing classification, or a salary adjustment, the affected collective bargaining organization will be notified.

 - b) Human Resources will receive feedback from the collective bargaining organization or meet and confer to address and resolve any concerns.

6. **Final Approval:** Human Resources will then implement the approved recommendation and if necessary, prepare a City Council Staff Report and Resolution.

Summary of Approval

<u>Personnel Rule Sections:</u>	<u>Approval</u>
1.3 Approve or amend job descriptions	City Manager
1.4 Assign positions to a class	City Council
1.5 Move a position within a class series	City Manager
3.5 Move a position to a new class	City Council
13.1 Assign a salary range to a class	City Council

**City of Pittsburg
Human Resources Department**

Classification Study Request

All information requested on this form must be completed. Any additional materials relevant to the request should be submitted together with this form.

Requested By
<input type="checkbox"/> Department Head <input type="checkbox"/> Supervisor <input type="checkbox"/> Other: _____
Action Requested
<input type="checkbox"/> Revise Classification <input type="checkbox"/> Reclassification <input type="checkbox"/> New Classification <input type="checkbox"/> Other: _____
Position to be studied
<input type="checkbox"/> Vacant <input type="checkbox"/> Occupied <input type="checkbox"/> Anticipated to become vacant by: _____
Job Class Title:
Incumbent:
Department:
Supervisor:
Justification for Request
<input type="checkbox"/> Dept Reorganization <input type="checkbox"/> New Dept/Program <input type="checkbox"/> Job Restructuring/Reclass
To create a new classification, please attach a draft description of all duties to be performed, and skip to #5.
1) How have duties and responsibilities of the position changed?

2) If new duties and responsibilities were added, are there any duties and responsibilities that have been deleted? If so, describe them and indicate who, if anyone, is handling the duties deleted from this position.

3) When did the change in duties and responsibilities occur?

4) If another employee previously handled the duties and responsibilities now assigned to this position, indicate who it was (by name and classification.)

5) What has caused this change? Please attach relevant documentation if appropriate.

Requesting Party	
Name and Title (print):	
Signature:	Date:
Department's Proposals	
1. Is there an existing classification which you feel is appropriate? If so, what is it?	
2. If not, what new titles/concept would you suggest?	
3. Is there any other position(s) of which you are aware which performs similar work? If so, what is the title of the position(s) and where is it located (department and division)?	
Department Head/Designee	
Name and Title (print):	
Signature:	Date:
Human Resources	
<input type="checkbox"/> Approve and provide incumbent PCQ <input type="checkbox"/> Deny (if denied, reason)	
HR Approval:	Date:

CITY OF PITTSBURG
POSITION CLASSIFICATION QUESTIONNAIRE

Instructions and Suggestions for Completing Position Classification Questionnaire

PART I - TO THE EMPLOYEE

This is a job inventory. It is not concerned with your ability on the job or with your qualifications. The kind of work you do and the responsibilities of your position are the things to be shown on the classification questionnaire.

You are the best person to provide complete information about your job. You know the exact duties you perform and your responsibilities. Consequently, you are asked to fill in the classification questionnaire. Use great care in doing this so that a clear and complete understanding of your job can be obtained from your answers. The information provided through the questionnaire will ordinarily be supplemented by information obtained by discussions of the work with you and your supervisor. However, the information provided by you on our classification questionnaire will be very important in determining in what class your position belongs. Your statements will not be changed by your supervisor.

Read these instructions carefully. Have your answers typed on the questionnaire. See that they are correct and complete. Sign and return the form to your supervisor.

If you cannot type yourself, write your answers on one sheet and return the questionnaire to your supervisor for typing. The supervisor will return the questionnaire to you for review, date and signature. Return the questionnaire to your supervisor.

The following explanation will help you understand just what information is wanted. Read the explanation for each item just before answering each question.

ITEM 1 Self-explanatory.

ITEM 2 Give your present classification as carried on the payroll. Under "Usual Working title of Position," write the title you and your fellow workers customarily use for your job.

ITEM 3 Give the name of the department in which you work.

ITEM 4 If your department has several divisions, give the name of the division - and section, if any - in which you work.

ITEM 5 Enter the building name or street location of building, and name of the city in which you work. If you work outdoors or on projects at different locations, give the building name, or street location of building and city in which your headquarters are located - that is, the place you report for instructions, etc.

**CITY OF PITTSBURG
POSITION CLASSIFICATION QUESTIONNAIRE**

ITEM 6 This, the most important question on the form, is where you tell in detail exactly what you do. Each kind of work that you do should be carefully explained. The task which you consider most important should be given first, followed by the less important work, until the least important is described. If your work varies from season to season or at specific times, duties should be grouped together according to such periods. Give your complete work assignments over a long enough period of time to picture your job as a whole. If one kind of work takes one-half your time, say so. Show the time spent on different duties as percentages or fractions, as 75% of your time, or 1/3 of the time. Use whatever method you think will give a clear understanding of how you spend your working time, but be sure to show how much time is used for each type of work. **Do not state it is impossible to estimate the time spent on various tasks;** it may be difficult, but it can be done and you are in a better position to do this than anyone.

If you are performing duties other than those of your usual position, describe both. In describing the temporary position, you should give the name of the person you are replacing, how long you have been filling for her/him, how long you expect to continue doing so and the reason, such as vacation, sick leave, etc. If necessary for a full explanation of your job, attach copies of forms used, being careful to explain how each is used and what entries you make, but do not attach copies unless you feel they are needed to describe your work.

Make your description so clear that anyone who reads your answer, even if they know nothing about your job, will understand exactly what you do. Be specific; do not use general phrases. **If you do not have enough space, attach additional sheets.**

ITEM 7 Give the name and title of your immediate supervisor-the person to whom you look for orders or decisions.

ITEM 8 If you have five or fewer persons under your supervision, give their names and classifications. If more than five, give their classifications and give the number of employees under each title. If you don't supervise employees, write "none."

ITEM 9 List here any major items of equipment, machines or office equipment which you use in your work and the approximate percentage of your working time which you spend in the operation of each.

ITEM 10 What instructions or directions does your supervisor give you about the work you do? How detailed are his instructions on what you are to do and how you are to do it? You may have had instructions only when you were new on the job; you may get special instructions with each new task. Describe the nature and extent of the instructions.

ITEM 11 Describe the check or review that is made of your work. Are there any automatic checks by other offices or are there procedures which

**CITY OF PITTSBURG
POSITION CLASSIFICATION QUESTIONNAIRE**

would catch any errors you might make? How final are the decisions you make about your work? Describe such features as these.

ITEM 12 Explain the nature and purpose of important contacts you have with people besides your fellow workers. Is the purpose to obtain or give information, to persuade others or to obtain cooperation? What problems and difficulties are involved?

PART II - INSTRUCTIONS TO DEPARTMENT HEADS & SUPERVISORS
(Method of Distributing and Reviewing the Classification Questionnaire)

You will be supplied with a Classification Questionnaire and a copy of these instructions for each position being surveyed. Give each employee a Classification Questionnaire and instructions. Ask employees who have access to computers to complete 1-12 on the questionnaire, sign and return to you.

Ask those employees who cannot type their own questionnaires to write their answers on one sheet and return to you for word processing. When complete, return to the employees. Have the employee review, date, sign and return to you.

NOTE: For vacant positions or proposed positions, the immediate supervisor or the department head should fill out the entire form, describing in detail the work ordinarily performed or the work to be performed. Under Item 1, type in VACANT or NEW.

Go over each employee's questionnaire carefully to see that it is accurate and complete, then fill out Items 13 to 18, inclusive.

The immediate supervisor should fill out Items 13 to 19 on the questionnaire forms of **only those employees directly supervised.**

A department head should not fill in these items for employees directed through someone else, but only for those s/he assigns work directly. In all instances, the director, or their designee, should look over both the employees' and their supervisor's statements and indicate under Item 20 any inaccuracies found. Neither the immediate supervisor nor the director, however, should make any alteration or change in the statement made by a subordinate.

Suggestions for Completing Items 13 to 19

ITEM 13 Do not change the employees' statements. Read them through and then give your opinion of their accuracy and completeness. Is it a good description of the position? Have they neglected to give a full picture of their duties and responsibilities? Have they overstated or understated them? Have they put emphasis on the wrong points? Either comment generally on their statements or refer to specific items.

**CITY OF PITTSBURG
POSITION CLASSIFICATION QUESTIONNAIRE**

ITEM 14 Sum up what you consider to be the distinguishing aspects of the employee's job. What are the most important functions carried on in this position? What operations in the job contribute most to your organization? Is the position a beginning or an advanced one?

ITEM 15 If the job involves any word processing, even if merely incidental, answer these items completely. If not, check "No."

ITEM 16 With full consideration of the duties and responsibilities of this position, tell what are the basic qualifications of a person you would choose for the position if it were to become vacant. What must they know? Of what basic subjects, procedures, principles, laws or regulations must they have knowledge? Must the knowledge be thorough or is a general knowledge or familiarity sufficient? What abilities or skills must a successful employee possess? How much formal education is necessary? What course or subjects are required? What are desirable but not essential? Is previous experience necessary? If so, how much experience and in what type of work? What degree of physical strength, agility or endurance is necessary? For what purpose is it used, e.g., for walking, lifting, etc.? Please be as specific and complete as you can in answering these questions. Indicate, wherever possible, both the basic qualifications required to fill the position and the desirable qualifications which you would like to have in a new employee.

ITEM 17 If you support a reclassification for the employee check yes. If you do not support a reclassification check no. Provide reasoning for your answers.

Instructions to Department Head Either you or your designee should review the information on the form, complete Item 18 indicating any additions, omissions or inaccuracies and offering any pertinent comments, complete #19 indicating whether you support a reclassification, and then sign the original of the typewritten copies in the designated place.

Return of Completed Questionnaire – The original questionnaire signed by employee, supervisor and department head should be submitted for each position being surveyed. Retain a copy of the completed form for your departmental files.

**CITY OF PITTSBURG
POSITION CLASSIFICATION QUESTIONNAIRE**

1. Full Name		3. Department	
2. Current Job Title		4. Division	
How Long Have You Had This Job ?		5. Place of Work	

6. Describe below in detail the work you do. Use your own words, and make your description so clear that persons unfamiliar with your work can understand exactly what you do. Attach additional sheets, if necessary.

% of Time	Work Performed	
1.		

**CITY OF PITTSBURG
POSITION CLASSIFICATION QUESTIONNAIRE**

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**CITY OF PITTSBURG
POSITION CLASSIFICATION QUESTIONNAIRE**

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7. Name and Title of your Immediate Supervisor and work phone number:

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8. Give the names and titles of employees you supervise, if five or fewer. If you supervise more than five employees, give the number under each title. If you supervise no employees, write "NONE"

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9. Machines or equipment used regularly in your work. Give the percent of time spent in operation of each:

	%		%

10. What are the nature and extent of instructions you receive regarding your work?

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**CITY OF PITTSBURG
POSITION CLASSIFICATION QUESTIONNAIRE**

11. What are nature and extent of check or review of your work?

12. Describe your contacts with departments other than your own, with outside organizations and with the general public.

CERTIFICATION: I certify that the above answers are my own and are accurate and complete:

Employee Signature:

Date:

**CITY OF PITTSBURG
POSITION CLASSIFICATION QUESTIONNAIRE
STATEMENT OF IMMEDIATE SUPERVISOR**

13. Comment on statements of employee. Indicate any exceptions or additions (use additional sheets, if necessary).

14. What do you consider the most important duties of this position? (use additional sheets, if necessary)

15. Does this position involve word processing? If yes, give % of time spent word processing.

16. Indicate the qualifications which you think should be required in filling a future vacancy in this position. Keep the position itself in mind rather than the qualifications of the individual who now occupies it.

	Basic Qualifications	Additional Desirable Qualifications
Education: general		
Education: special or professional		
Experience, length in years and kind:		
License, certifications, registration:		
Special knowledge, abilities and skills		
Physical requirements or other factors		

17. Do you support a reclassification? YES NO Provide your reasoning:

Immediate Supervisor's Signature:

Date:

**CITY OF PITTSBURG
POSITION CLASSIFICATION QUESTIONNAIRE**

STATEMENT OF DEPARTMENT HEAD OR DESIGNEE

18. Comment on the above statements of the employee and the supervisor. Indicate any inaccuracies or statement with which you disagree. Please comment on the qualifications suggested by the supervisor (use additional sheets, if necessary).

19. Do you support a reclassification? **YES** **NO** Provide your reasoning:

Department Head Signature: _____

Date: _____