

Instructions for Completing Classification Dispute Review Request

TO ALL EMPLOYEES:

When you and your supervisor are unable to resolve a dispute concerning the allocation of the position you currently occupy, use this form to request a position audit. You are the best person to provide information about what you do on your job. Use great care in completing this form so that your answers will give a clear and complete understanding of what you do. Please complete this form yourself and attach a current organizational chart reflecting this position within the agency. The information you provide will play an important part in determining the job family and level to which this position belongs. **Do not copy from existing job family descriptors or questionnaires completed by other people.** If you need more space to answer a question, complete the answer on a separate page (be sure to show the number of the question). **These forms are not completed until after the end of the internal agency grievance process. If the grievance process does not result in the dispute being resolved, the resolution decision by the Step Two Decision Maker shall be to advise the employee to complete this form. Completed forms are to be submitted through appropriate supervisory channels to the DRS human resources office.** Failure to properly file or complete any of the required forms will result in a delay until such information is obtained. Please retain a copy of the completed form for your records.

**INCOMPLETE OR IMPROPERLY COMPLETED FORMS WILL BE RETURNED
FOR NECESSARY INFORMATION**

- PART 1 - General information.
- PART 2 - Description of duties performed: Use your own words. Be concise.
- PART 2A - Describe the major purpose of the job.
- PART 2B - List the various duties that are performed on a regular and consistent basis. The job duties which you consider most important should be listed first, followed by less important duties. Please estimate the percentage of time spent performing each duty. The total of the percentages should equal 100%. Describe the work assignments over a long enough period of time to present a picture of the job as a whole. If the work varies from season to season, or time to time, duties should be grouped together according to such period. Describe the work clearly so that anyone who reads the description will understand what duties are being performed, even if they know nothing about the job.
- PART 2C - Describe any occasional or irregular work assigned to this job.
- PART 3 - Supervisory duties: This part applies only to direct supervisory duties (e.g., approval of leave and completion of performance evaluations).
- PART 4 - Equipment operation: List the equipment you operate in performing your work and the percentage of time you operate such equipment.
- PART 5 - Work guidelines: Describe any guidelines used in performing the job and how they are used.
- PART 6 - Decision making: Include those decisions which commit the agency, division or section to a specific course of action.
- PART 7 - Supervision received: What is the nature of the supervision received?
- PART 8 - Personal contacts: List those contacts which are important to the proper operation and functioning of the position.
- PART 9 - Fiscal impact of work: This applies only to the payroll costs, operating budget and dollar amounts for which the position has direct responsibility.
- PART 10 - Special requirements: List only those elements required to perform the work.
- PART 11 - Supervisor's section: This section must be completed and signed by the direct supervisor of the position being described. If this section has not been properly completed, this form will not be accepted for review and must be returned. Upon completion of the questionnaire, the form should be returned to the employee for review and signature.
- PART 12 - Employee's section: Upon review of the entire form, this section is signed by the employee occupying the position.

UNSIGNED QUESTIONNAIRES WILL BE RETURNED

NOTE: If you are an individual with a disability and need help in completing this form, please contact the DRS Human Resources Unit, (405) 951-3454, to request assistance. Reasonable accommodations will be made upon request.

Classification Dispute Review Request

PART 1 - GENERAL INFORMATION: Please read attached instructions prior to completing this form.

1. YOUR NAME AND SOCIAL SECURITY NUMBER	2. CURRENT JOB TITLE AND JOB FAMILY CODE ASSIGNED TO THE POSITION	
3. DIVISION FOR WHICH YOU WORK	4. SECTION WHERE YOU WORK	
5. WORK ADDRESS (Include Zip+4) & TELEPHONE NUMBER		6. CURRENT DATE
7. YOUR SUPERVISOR'S NAME & WORK TELEPHONE	8. SUPERVISOR'S OFFICIAL TITLE & CLASS CODE	

PART 2 - DESCRIPTION OF DUTIES PERFORMED

PIN:

A. Briefly, what is the major purpose of your job? Describe the general function and major responsibility of your position.

B. List the various duties you perform on your job. Describe these duties so specifically that they will be clear to someone who is not familiar with your work. Please estimate the percentage of time you spend performing each duty. The total of the percentages should equal 100%. If you perform supervisory duties, be sure to describe these duties in detail as well. Please rank your duties in order of importance (most important first).

Percentage of time spent	Duty Statements

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PART 2 - DESCRIPTION OF DUTIES PERFORMED -- continued

C. Describe any occasional or irregular work, such as writing special reports, etc. Indicate how often such work is performed.

PART 3 - SUPERVISORY DUTIES

A. Do you supervise other employees? YES ☐ NO ☐ Do any of these employees supervise others? YES ☐ NO ☐

B. List the number and job titles of employees you supervise:
NOTE: Supervision must include approval of leave and completion of performance evaluations.

NUMBER OF EMPLOYEES JOB TITLES

C. What is the nature and extent of your responsibility for employees under your supervision? Check all phrases which apply to your job.

	Recommend	Approve	
<input type="checkbox"/> Plan work of others	<input type="checkbox"/>	<input type="checkbox"/>	Hire new employees
<input type="checkbox"/> Distribute work to others	<input type="checkbox"/>	<input type="checkbox"/>	Terminate employees
<input type="checkbox"/> Check work of others	<input type="checkbox"/>	<input type="checkbox"/>	Promote employees
<input type="checkbox"/> Approve work of others	<input type="checkbox"/>	<input type="checkbox"/>	Demote employees
<input type="checkbox"/> Train employees	<input type="checkbox"/>	<input type="checkbox"/>	Discipline employees
<input type="checkbox"/> Evaluate performance	<input type="checkbox"/>	<input type="checkbox"/>	Approve leave
<input type="checkbox"/> Establish unit policy/procedure	<input type="checkbox"/>	<input type="checkbox"/>	Approve pay increases

D. Describe the general purpose and type of work performed by the employees you supervise.

PART 4 - EQUIPMENT OPERATION: Describe any equipment you regularly operate in performing your work (e.g., typewriter, photocopier, computer terminal, fork-lift, front-end loader, etc.) and the percentage of time you operate such equipment. This percentage should be the time actually spent in the operation of the equipment.

PART 5 - WORK GUIDELINES: List specific laws, regulations, instructions, or procedures you must use or follow in performing your job. Describe how you use these laws, regulations, etc., in your work.

PART 6 - DECISION MAKING: What decisions are you permitted to make without reference to higher authority? What aspects are checked or reviewed by others? What kinds of errors in judgment or performance can you make in your work? What happens if you make such an error or mistake?

PART 7 - SUPERVISION RECEIVED

- A. Who assigns your work to you? (Name of individual) _____
- B. Who checks your work upon completion?
(Name of individual) _____
- C. What is the level of supervision or direction you receive in performing your assigned duties? (Check one)
- ☐ I receive assignments that are well detailed and well prescribed by the supervisor.
 - ☐ I receive assignments that are prescribed, but the methods are not typically reviewed nor controlled while the work is in progress.
 - ☐ I am free from both technical and administrative oversight while the work is in progress.
 - ☐ I am free from active technical control in planning and carrying out work responsibilities.
 - ☐ I am given technical and administrative freedom to plan, develop and organize all phases of the work necessary for its completion within broad program guidelines.

PART 8 - PERSONAL CONTACTS

Describe the different kinds of people you must deal with in carrying out your work. Describe the purpose, nature and frequency of the contacts. Also indicate whether these contacts are in person, by correspondence or by telephone.

PART 9 - FISCAL IMPACT OF WORK: (If none, please write NONE.)

- A. List the approximate payroll cost for positions you supervise: \$ _____
- B. List the approximate operating budget for which you are personally responsible: \$ _____
- C. List and describe other dollar amounts for which you have a direct responsibility: \$ _____

PART 10 - SPECIAL REQUIREMENTS

What licenses or certificates are required to perform your work? List the source for such licenses or certificates.

PART 11 - SUPERVISOR'S SECTION

Please review this questionnaire carefully to see that it is accurate and complete, then fill out the remainder of this section. Do not fill out this section unless you supervise the position directly. If you direct this position through a subordinate supervisor, have that supervisor complete this section. Under no circumstances should you change or alter the entries on this questionnaire. Also, do not make any statements or comments about the employee's performance, competence or qualifications. This questionnaire will be used to evaluate the duties that constitute the position and not the qualifications or performance of the employee.

- A. Describe this position as you see it. Show how it relates to other positions under your supervision and the unit as a whole.

PART 11 - SUPERVISOR'S SECTION -- continued

B. Describe the duties assigned to this position which you feel are most important.

C. State any additions or exceptions to the statements made by the employee on this questionnaire. Be sure to identify the part and question number.

Signature of Supervisor Completing this Section

Date

Upon completion of the supervisor’s section, this form should be returned to the employee for his/her review and signature.

PART 12 - EMPLOYEE'S SECTION

I certify, subject to the penalties provided by law, that the responses to this questionnaire are my own and that they are, to the best of my knowledge, complete and accurate. I HAVE READ AND UNDERSTAND THE SUPERVISOR'S COMMENTS IN PART 11.

Signature of Employee

Date

QUESTIONNAIRES NOT SIGNED BY BOTH THE EMPLOYEE AND SUPERVISOR WILL BE RETURNED!

FOR HR USE ONLY

ALLOCATED TO: PIN:

Job Family Descriptor Title and Code

BY:

Date

Name of HR Reviewer

Job Family Descriptor Level and Code To Which Assigned

Level

Code

 By

Date

Name of HR Reviewer

BASIS FOR ALLOCATION:

☐ Questionnaire

☐ On-Site Audit

Date

 (Attach copy.)