



CITY OF FORT PIERCE
POSITION CLASSIFICATION PROCEDURE

POSITION CLASSIFICATION PROCEDURE

Each request for establishing a new position will follow the procedure below:

1. The Personnel Request Form (PRF) must be completed, reviewed, and approved by the appropriate department director.
2. Submit the PRF to Human Resources for review and create new job description (if necessary). If a job description already exists for the position requested the PRF will be forwarded for processing.

Each request for a personnel action which could result in a position being reclassified, restructured, or redefined will follow the procedure below:

1. The individual employee will complete a Position Description Questionnaire and forward it to the immediate supervisor.
2. The immediate supervisor will complete the personnel request form and forward it to the appropriate Manager for review. Prior to submission the form will need to be approved by the Department Head.
3. Following completion, this form will be sent to the Human Resources Department for evaluation and appropriate action. Human Resources will submit a recommendation to the City Manager for final approval.
4. Upon final approval Human Resources will notify the appropriate Manager for communication to the immediate supervisor and the employee.

NOTE: If you wish to update a job description only (*no changes to pay grade or upgrades*) please submit the personnel request form and check "Update" in the action column and complete the item(s) marked with an asterisk(*).

Please allow a minimum of five business days for requests to be reviewed by Cody & Associates.

<u>DO NOT WRITE IN THIS BOX</u>
Position Salary Range:
Approved Title:
Date:

PERSONNEL REQUEST FORM

THE FOLLOWING IS TO BE COMPLETED BY THE SUPERVISOR

Action Requested: <input type="checkbox"/> Establish New Position <input type="checkbox"/> Reclassification <input type="checkbox"/> Up-Date <input type="checkbox"/> Other (Explain)	1. Employee Name:
	2. Department:
	3. Supervisor:
	4. Department Manager:
Current Salary Range:	Proposed New Title:
Current Position Title:	

For reclassifications this request form must be accompanied by the employee's completed Position Description Questionnaire.

*A. List the specific changes (additions or deletions) in the duties and responsibilities of this position which prompted this request.

*B. Are these changes prompted by the incumbent's unique abilities, knowledge, and/or skills or can it be expected that his/her replacement would possess these similar capabilities? Please explain.

*C. Does the increase in duties/responsibilities result in redistribution of work within the unit? YES () NO ()

1. Who was previously doing this work and why are they no longer doing it?

2. How does this redistribution of work affect other positions in your department?

3. How does this change affect your organizational structure? Please explain.

4. Is this change in keeping with your departments short and long range objectives and goals? Please explain.

5. What other alternative methods of accomplishing the results of this change have been considered? (Be specific.)

*D. What would be the additional increase or savings in salary costs to fund this position(s) if this action is approved?

MONTHLY: _____

END OF THE CURRENT FISCAL YEAR: _____

E. Where in your present department budget can this money be identified to fund this request? Please explain.

F. How would this request affect the overall departmental and organizational structure?

SUPERVISOR SIGNATURE

DATE

DIRECTOR SIGNATURE

DATE

(Signatures and Dates required)

POSITION DESCRIPTION QUESTIONNAIRE INSTRUCTIONS

The following instructions will help you complete the Positions Description Questionnaire. The purpose of the Questionnaire is to evaluate and classify the "work" that you do. We are not evaluating "how well" you do your job nor determining if your position is a necessary one. Only the items needing clarification will be explained below.

1. **Name**
2. **Official Job Title**
Title which appears on the payroll records
3. **Agency Name**
4. **Department**
5. **Division** (if applicable)
6. **Immediate Supervisor**
Name and Title of your supervisor
7. **General Description**
A short one or two sentence summary or recap of your major duties and responsibilities of your position.
8. **Essential Job Functions**
This is the most important part of the Questionnaire. Indicate the primary and necessary functions/duties that make the job what it is. Other functions that you do which are secondary to the main job functions can be included in Section 11. If you are not sure in which section (8 or 11) that each function belongs to then include them in either one and the Consultant will figure it out. Also important is the estimate of time spent on each function.
9. **Firmware and Software**
This is a list of general firmware (Personal computer) and specific software (MS Word, Excel, etc.) This is more specific than item 15. This refers to computers, if other types of machinery or equipment are utilized they would be listed under item 15.
10. **Physical Skills**
11. **Environmental Conditions**
12. **Other Functions**
All other duties not included in Section 8.
13. **Number of People Supervised**

14. **Scheduled Hours Worked Per Week**

15. **Machines/Equipment Used**

The employee's part of the position questionnaire is now complete.

10. ESSENTIAL PHYSICAL SKILLS

CHECK THE BLOCKS TO SHOW THE TYPES OF PHYSICAL SKILLS REQUIRED TO PERFORM THE ESSENTIAL JOB FUNCTIONS AND HOW FREQUENTLY THEY OCCUR DURING THE WORK WEEK.

CODE:	CONSTANT:	More than 80% (6½ hours or more per 8 hours per day.)
	VERY FREQUENT:	51% - 79% (4½ - 6 hours per 8 hours day.)
	FREQUENT:	21% - 50% (2½ - 4 hours per 8 hours day.)
	OCCASIONAL:	6% - 20% (1 - 2 hours per 8 hours day.)
	RARELY:	0% - 5% (Less than 1 hour per 8 hours day.)

TYPES OF PHYSICAL SKILLS	CONSTANT	VERY FREQUENTLY	FREQUENT	OCCASIONAL	RARELY
Heavy lifting (45 pounds and over)					
Moderate lifting (15 to 44 pounds)					
Light lifting (under 15 pounds)					
Heavy carrying (45 pounds and over)					
Moderate carrying (15 to 44 pounds)					
Light carrying (under 15 pounds)					
Reaching above shoulder					
Use of fingers					
Both hands required					
Climbing (use of legs and arms)					
Climbing (legs only)					
Good near vision					
Good distant vision					
Both eyes required					
Depth perception					
Distinguishing basic colors					
Distinguishing shades of colors					
Good hearing (with hearing aid)					
Good hearing (without hearing aid)					
Straight pulling					
Pulling hand over hand					
Pushing					
Walking					
Standing					
Crawling					
Kneeling					
Bending					
Balancing					
Smelling					
Tasting					
Stooping					
Jumping					
Running					
Throwing					
Driving (cars, small vans, pick-ups, etc.)					
Driving/operating heavy equipment, etc.					
OTHER (List below):					

11. ENVIRONMENTAL CONDITIONS

CHECK THE BLOCKS TO SHOW THE ENVIRONMENTAL CONDITIONS UNDER WHICH YOU PERFORM THE ESSENTIAL JOB FUNCTIONS AND HOW FREQUENTLY THEY OCCUR DURING THE WORK WEEK.

CODE: **CONSTANT:** More than 80% (6½ hours or more per 8 hours per day.)
VERY FREQUENT: 51% - 79% (4½ - 6 hours per 8 hours day.)
FREQUENT: 21% - 50% (2½ - 4 hours per 8 hours day.)
OCCASIONAL: 6% - 20% (1 - 2 hours per 8 hours day.)
RARELY: 0% - 5% (Less than 1 hour per 8 hours day.)

TYPES OF ENVIRONMENTAL CONDITIONS	CONSTANT	VERY FREQUENTLY	FREQUENT	OCCASIONAL	RARELY
Works inside					
Works outside					
In heat					
In cold					
In high humidity					
In dampness or chilliness					
In dry conditions					
In or with noisy conditions					
In darkness - Where?					
In or with dusty conditions					
With Silica, Asbestos, etc.					
With fumes or gases					
With chemicals - What types?					
With solvents - What types?					
With grease or oils					
With radiant energy					
With electrical energy					
On slippery surfaces					
On uneven surfaces					
In or with moving objects					
In or with moving vehicles					
On or with ladders/scaffolding					
At heights above ground level up to _____ feet					
Below grounds level (ditches, tunnels, etc.)					
With feet, legs, or hands in water					
With explosives					
With vibrations					
Working closely with others					
Working alone					
With poor lighting - Where?					
With poor ventilation - Where?					
With odors - Where?					

OTHER: (Describe any other conditions not covered above in this block)

WORK HAZARDS:

SAFETY EQUIPMENT USED OR NEEDED:

12. OTHER JOB FUNCTIONS: (List all other job tasks which are not included in the Essential Job Function List. Show the amount of time spent on each function.)

TIME SPENT

13. Number of people you supervise? List name and titles. (If over 7, list title only.)

14. Scheduled hours worked per week? _____ (Hours)

15. Machines/equipment used regularly in your work and average times daily.

EQUIPMENT	TIME	EQUIPMENT	TIME	EQUIPMENT	TIME

The foregoing statements on this form are complete and accurate to the best of my knowledge.

EMPLOYEE SIGNATURE: _____

DATE: _____

PART II: TO BE COMPLETED BY THE SUPERVISOR

1. Indicate if you agree or disagree with the list of Essential Job Functions as stated by the employee. If you disagree, explain why.

2. List any Essential Job Functions which may have been omitted by the employee. Indicate time spent on each function.

3. Denote additions or modifications to the employee's statements relating to Essential Physical Skills and Environmental Conditions and any other section completed by the employee.

4. List the Knowledge, Abilities and Skills needed to perform the Essential Job Functions of this positions:

Knowledge:

Abilities:

Skills:

5. State the minimum qualifications needed to perform the Essential Job Functions of this positions:

Education:

Experience: (Length in years and type of)

Licenses, Certifications, or Registrations:

SUPERVISOR: _____ DATE: _____
Name Title

PART III: STATEMENT OF DEPARTMENT OR OTHER ADMINISTRATOR

SIGNATURE: _____ DATE: _____

ADDITIONAL NOTES AND COMMENTS:

SIGNATURE: _____ DATE: _____