

Date sent: _____

Date completed: _____

REQUEST FOR POSITION REVIEW

Please complete this form and questionnaire and forward to: Employment Services, McLellan House, Gorham Campus

EMPLOYEE INFORMATION

Employee-s Name: _____ Date: _____

Supervisor-s Name: _____

Department: _____

Present Job Title and Wage Band: _____

Proposed Job Title (optional): _____

REASON FOR REQUEST (Summarize major job duties currently performed that are not covered by the current job title and description.)

AUTHORIZATION FOR POSITION REVIEW

<u>Signature</u>	<u>Date</u>	<u>Approved</u>	<u>Not Approved</u>	<u>Comments</u>
_____ Employee	_____	_____	_____	_____
_____ *Supervisor	_____	_____	_____	_____
_____ Employment Manager	_____	_____	_____	_____

***NOTE TO SUPERVISORS OF COLT STAFF:**
The collective bargaining agreement between the University of Maine System and the Maine Teachers Association covering the clerical, office, laboratory and technical staff requires that a supervisor process a request for a position review within 20 working days from the date the employee submits it to the supervisor.

POSITION REVIEW: EMPLOYEE AND SUPERVISOR QUESTIONNAIRE

Employee's Name: _____

Date forwarded to employee _____

Instructions: The information on this questionnaire will be used to plan and conduct interviews with both the employee and the supervisor. The answers in Parts I and II will be combined with the interview results as a basis for the position review decision. Employees should complete Part I and then give the form to their supervisor. Supervisors should review the answers in Part I, complete Part II, and forward both parts to Employment Services.

PART I - EMPLOYEE QUESTIONNAIRE

1. Briefly describe the various duties or responsibilities of your job and the approximate amount of time you spend on each. There are separate places to describe daily responsibilities, then regular periodic responsibilities and finally occasional responsibilities.

(TOTAL TIME SPENT BETWEEN DAILY AND PERIODIC RESPONSIBILITIES SHOULD NOT EXCEED 40 HOURS PER WEEK OR 100% OF TIME.)

Normal daily responsibilities

Time spent each day (approx.)

Regular period responsibilities

Time spent each week (approx.
total time spent should not exceed
40 hours per week or 100% of
time when combined with normal
daily responsibilities) _____

Occasional responsibilities

Time spent (how often/how long)

2. Give some typical examples of decisions you make alone and decisions you make jointly with other staff.

Independent decisions:

Shared decisions:

3. List all machines and/or equipment you use.

Machines/equipment

Time spent (approx.)

4. If your work involves contact with people outside your department or outside the University, describe these contacts (whom they are with, what is their purpose, and how frequently they occur).

5. Explain how your work is assigned and checked (who assigns and checks your work; how often do you get assignments; how specific are instructions; how much of your work is checked and how often).

6. Do you have responsibility for supervising the work of other employees?
 _____ Yes _____ No

If no, skip to number 7 below and give this form to your supervisor.

If yes, list the number of people you supervise in each category:

___ regular employees ___ student workers ___ temporary employees

Do the employees you supervise work:

_____ all year _____ part of the year

Complete this Table by placing a check in the box next to the supervisory task that you perform for a particular category or worker.

Do you	for -	Regular Employees	Temporary Employees	Student Workers
plan and assign work				
check work				
train				
conduct and sign performance reviews				
hire				
participate in or make recommendations about:				
<u>hiring</u>		_____	_____	_____
<u>discipline</u>		_____	_____	_____
<u>promotion</u>		_____	_____	_____
<u>performance review</u>				

Approximately what percentages of your work time do you spend performing the types of supervisory tasks in the Table? _____%

7. Signature

Signature of employee

Date

Campus Address

Office telephone

PART II - SUPERVISOR QUESTIONNAIRE

1. In a few sentences, summarize what you feel are the principal functions of this employee's job.

2. Review all the responses made by the employee in Part I (questions 1-6). Indicate anything that you disagree with as well as anything that may have been left out (use additional sheets if needed).

3. Do you think that this employee should be reclassified?
___ Yes ___ No Why or why not?

4. Signature

Supervisor's signature

Date

Campus address

Office telephone