

San Diego City Schools
Human Resource Services Division

MANAGEMENT POSITION CLASSIFICATION QUESTIONNAIRE

Please complete this form to describe the duties, responsibilities, reporting relationships, and the training and experience requirements for your position. This information is necessary in order to properly classify the position.

This questionnaire is comprised of four parts: Part I is to be completed by the incumbent; Part II is to be completed by the immediate supervisor; Part III is to be completed by the division head; and Part IV is to be completed by the branch head. Please complete Part I of this questionnaire in its entirety and deliver this form to your immediate supervisor.

Attach a proposed class description draft containing all major/significant duties and responsibilities and include the minimum qualifications required to perform the job (amount and kind of formal education, years and kind of experience, and certificate, license, or registration, as appropriate). Please state the minimum requirements to perform the job, not your personal qualifications or work experience. You may obtain a copy of your current job description from the Classification and Recruitment Unit. Please include a copy of the current organization chart for your department.

Name of Employee _____

Organizational unit in the district where position will be assigned:

Division: _____ Department: _____

Current position title _____

Proposed position title _____

Number of months in work year: Ten Eleven Twelve Other

Name and title of supervisor to whom the proposed position will report:

Name _____ Title _____

PART I – TO BE COMPLETED BY INCUMBENT

DESCRIPTION OF RESPONSIBILITIES AND DUTIES

On the following pages, describe the responsibilities and duties of this position as they specifically relate to the following factors. Respond to each factor individually in the space provided and include any other information essential for the understanding and evaluation of this position.

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- 3) **IMPACT OF DECISIONS:** Describe the impact of decisions made on the district to include the types of decisions made, whom they affect, how they affect other people and programs, and the extent to which these decisions require the approval of a higher authority.
- 4) **CONTACTS:** Describe the responsibility for working with others outside the immediate organizational unit or school. Include contacts outside the district, with other agencies and organizations, and those contacts with public, parents, and media. Describe the purpose of and expected outcome of those contacts.

To the best of my knowledge, the above statements are true and correct.

Signature

Title

Date

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PART II – TO BE COMPLETED BY IMMEDIATE SUPERVISOR

Indicate in what respects, if any, the statements of the incumbent, including those pertaining to the job, are not accurate or complete.

I have reviewed the statement of the incumbent and, with the exceptions indicated above, the information on the duties, responsibilities, and requirements of the position covered by this questionnaire are accurate and complete.

Signature

Title

Date

PART III – TO BE COMPLETED BY DIVISION HEAD

Indicate in what respects, if any, the statements of the incumbent and the immediate supervisor in this questionnaire are not sufficiently and accurately presented to describe this position under existing organization and procedure.

I have reviewed the statements of the incumbent and the immediate supervisor and, with the exceptions indicated above, the information on the duties, responsibilities, and requirements of the position covered by this questionnaire are accurate and complete.

Signature

Title

Date

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PART IV – TO BE COMPLETED BY BRANCH HEAD

Indicate in what respects, if any, the statements of the incumbent, the immediate supervisor, and the division head in this questionnaire are not sufficiently and accurately presented to describe this position under existing organization and procedure.

I have reviewed the statements of the incumbent, the immediate supervisor, and the division head and, with the exceptions indicated above, the information on the duties, responsibilities, and requirements of the position covered by this questionnaire are accurate and complete.

Signature

Title

Date