

Reclassification Questionnaire



ATLANTA
PUBLIC
SCHOOLS

Human Resources
Division
www.apscreers.org

JOB RECLASSIFICATION QUESTIONNAIRE INSTRUCTIONS

1. The Job Reclassification questionnaire gathers details about the skills, effort, and responsibilities required for primary job assignments. Completing the form may take several hours. This questionnaire helps draft updated job descriptions and evaluate positions for proper pay grades. It is not a test of your skills or job performance. Avoid using technical jargon or abbreviations specific to your department. Provide complete and thoughtful answers to ensure accurate evaluation. Follow these steps and attach additional sheets if needed:
2. **Read the entire questionnaire** before answering to avoid duplicating responses. Not all sections of this questionnaire will apply to all positions.
3. **Complete the questionnaire thoroughly** with concise and factual replies. Incomplete questionnaires will be returned for clarification. Submit the completed questionnaire by the deadline to ensure it is reviewed. Be ready to provide written documentation to support your ratings if requested.
4. **Update your job description** using the attached template to reflect current requirements, responsibilities, duties, and working conditions. Include this updated job description with your questionnaire submission.
5. **Responsibilities:**
 1. Route the completed questionnaire to your direct supervisor and the appropriate Chief Officer or Senior Cabinet Level Administrator for review and signature.
 2. Email the signed questionnaire to the Compensation Team at compensation@apsk12.org by **March 10, 2025**.

INSTRUCTIONS

Reclassification Questionnaire



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REQUESTER

Name		
Title		
Department	Date of Request:	
Has the Senior Cabinet-Level Administrator approved this request? YES NO		

RECLASSIFICATION REQUESTED FOR

Name:		
Employee ID:	Work Phone #:	
Job Title:	Grade:	Years in role:
Department:		
Supervisor Name:		
Supervisor Title:		
FLSA Status:	EXEMPT NON-EXEMPT	ANNUALIZED SALARY:
When did the last written performance evaluation occur?		
Are there any performance concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please explain.		

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RECLASSIFICATION REQUEST INFORMATION

Frontline Title requested:

Job Code:

Grade:

Proposed effective date:

Proposed increase in percentage if
appropriate:

How was the increase amount determined?

Will the supervisor change? YES NO

JUSTIFICATION:

How has the employee's job changed? Are new responsibilities planned? Provide a rationale for reclassification.

Does the employee meet the position's minimum qualifications? YES NO

Why is reclassification essential now? Can it be delayed? Explain.

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JUSTIFICATION:

Should other employees be considered for reclassification to maintain internal equity?

NO

YES

If yes, please explain.

Do you anticipate any negative staff reactions if the reclassification is approved?

YES

NO

If yes, please explain.

Are there other circumstances to consider that support the request?

Please explain.

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JOB TASKS AND FUNCTIONS

Instructions: Complete the template below. Group similar duties (e.g., administrative support, finance, research, nutrition) and include the approximate percentage of time spent on each. No area should be less than 10%. Provide detailed information about job-specific duties.

CATEGORY	DUTY OR TASK	% OF TIME
	<i>Example: Prepares daily school lunches by reviewing the menu, determining quantities, and assigning preparation to staff.</i>	80%
1.		
2.		
3.		
4.		
5.		
6.		

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1. EXPERIENCE

Years of current work experience:

2. SUPERVISORY RESPONSIBILITY

Have they supervised anyone? ☐ NO ☐ YES

How many have they supervised?

1 to 2 employees	Team or group	Single Dept or Site	Multiple Dept. or Sites
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. FINANCIAL IMPACT

What are their financial or budget responsibilities?

Budgetary Authority	None	Limited	Moderate	Full
Financial Accountability	None	Low	Medium	High

4. ASSET MANAGEMENT

Are they managing any assets or securing assets within their department?

☐ NO ☐ YES

Explain:



5. CUSTOMER INTERACTION

Do they interact with any customers? ☐ NO ☐ YES

If "YES," rate the level of interaction:

☐ 20%

☐ 40%

☐ 50%

☐ 80%

6. DECISION MAKING

Do they have limited or full discretion when making decisions?

☐ None

☐ Limited

☐ Moderate

☐ Full

What is their level of impact on an individual or team?

☐ No

☐ Limited

☐ Moderate

☐ High

Explain:

7. PROBLEM-SOLVING

Is the employee a problem solver on the team or an expert in their field?

☐ Apprentice

☐ Competent

☐ Proficient

☐ Expert

Explain:

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8. WORKING CONDITIONS

What are the working conditions like?

Physical	Low	Medium	High
Psychological	Limited	Moderate	High

Explain:

9. WORK TYPE

Do they move around often, or are they sedentary in their workspace?

Active

Sedentary

Explain:

10. PHYSICAL DEMANDS

Are there physical demands associated with their job?	NO	YES
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If "YES," are these demands:

Rarely	Occasionally	Frequently	Constantly
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Explain:

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SIGNATURES REQUIRED

You must route the completed questionnaire to your direct supervisor and appropriate Chief Officer or Senior Cabinet Level Administrator for review and signature.

DIRECT SUPERVISOR'S SIGNATURE

I authorize this position to be reviewed through the job evaluation process.

Date of last performance evaluation:

Are there any performance concerns? YES NO

If "YES" explain:

Direct Supervisor's Signature

DATE

Printed Name

CHIEF OFFICER/SENIOR CABINET-LEVEL ADMINISTRATOR'S SIGNATURE

I authorize this position to be reviewed through the job evaluation process.

Senior Cabinet-level Administrator's Signature

DATE

Printed Name