



DEPARTMENT OF HUMAN RESOURCES MANAGEMENT
RECRUITMENT & CLASSIFICATION DIVISION

DHRM Use Only
Time/Date Stamp

Interoffice Letter

TO: City Employees
FROM: Classification Supervisor
RE: Policy on Classification Studies

Requests for Classification Studies can only be approved for incumbents that meet the following **criteria**:

1. The position held by the incumbent must be classified (not exempt from Civil Service).
2. The incumbent must have served at least one year in the position per Section 3.05 of the Personnel Manual.

A completed Position Description Questionnaire (PDQ) form must be submitted along with the Classification/Compensation Request Form to initiate your classification study. Upon receipt, DHRM staff will be assigned to conduct an analysis to determine if the position that you currently fill has been assigned to the correct job classification in the City’s classification plan. Once your paperwork has been reviewed, the DHRM Analyst will contact you to set up a meeting to interview you and review your work products. This is commonly referred to as the “desk interview.” A Position Audit Report will be issued, which verifies and augments the information you provided in the PDQ form along with additional information provided by your supervisor. Based on this analysis, our staff will make a recommendation regarding your position to your department head. It is important to understand that reclassification is not automatic, and an employee working in a position that performs duties outside of his/her assigned classification does not have the right to be placed into a higher level job.

Based upon the outcome of the classification study, the final recommendation may include any of the following options:

- A. No change in job classification is required. The position is appropriately classified.
- B. Some duties and responsibilities currently being performed by the incumbent are not appropriate for his/her current classification/position; the duties should be reassigned to others in the organization. The incumbent should remain as classified.
- C. The duties and responsibilities of the position are not consistent with the classification allocation, and the incumbent should be reclassified to a different classification.
 1. If reclassification to a higher grade is recommended and the department concurs, the incumbent may recognize an increase in salary. However, ***it is not the City’s policy to award retroactive pay.***
 2. If the analysis indicates that the incumbent should be reclassified to a lower position or in cases of a citywide or department-wide class study, the employee will be “Y” rated in compliance with Section 3.06b of the Personnel Manual. While this outcome is less common, it does occur.
- D. As specified in Section 3.04e of the Personnel Manual, in the event an incumbent does not agree with the outcome of her/his Classification study, the employee has the right to file an appeal within fifteen (15) working days of notice after which a hearing will be held and the Civil Service Board will issue a final decision in the matter.
- E. In the event the City of Oakland experiences a reduction-in-force to balance a budget deficit and if a higher classification is recommended, your new classification may be impacted.
- F. Any salary changes that result from a final classification action are effective one pay period following final approval and notification as described in Section 3.05d of the Personnel Manual.

I have read and fully understand this advisory:

Print Name

Signature of Incumbent

Date



**DEPARTMENT OF HUMAN RESOURCES MANAGEMENT
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POSITION DESCRIPTION QUESTIONNAIRE
PART I: INCUMBENT DATA

The purpose of this Position Description Questionnaire (PDQ) form is to obtain information about your current position including the duties you perform, your level of authority and responsibility, and the skills and abilities needed. The information you provide will be used to determine the correct classification of the position you hold. We recommend you first read through the entire document so that you understand the information we are asking for in each section. It is very important that you provide accurate, detailed information about your current job duties.

DIRECTIONS:

1. Please complete all sections of the questionnaire and give specific examples that accurately describe your work. Please review your answers for specificity and completeness.
2. When complete, make a copy for your own records and forward the original documents to your supervisor.
3. If you have any questions, please email the Classification Unit at class.comp@oaklandnet.com.

SECTION A - BACKGROUND INFORMATION

Name:	
Email:	Phone Number:
Department/Division/Unit:	
Work Location Address:	
Current Classification: (Exact Title)	<input type="checkbox"/> FT <input type="checkbox"/> PPT <input type="checkbox"/> PT <input type="checkbox"/> Other:
Current Working Title, if applicable: (concurrent with present work duties being performed)	
# of months performing current duties:	Are you receiving "acting pay"? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, how long?
Have you ever participated in a Classification Study, requested a desk audit, or been reclassified? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide the estimated date and describe the final outcome:	
Have you ever competed in a selection process for any other position with the City of Oakland? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify for which recruitments using exact titles:	

SECTION B - DUTIES

In one or two sentences, please state the overall purpose of your job:

1. Please list the major and essential duties you currently perform and describe in detail what you do.
2. For each duty listed, provide your best estimate of the frequency by inserting the corresponding number that best describes the amount of time spent.
3. In the right hand column, provide your best estimate of the percent of your total working time normally spent on each task so that the total percentage for all duties = 100%.

Duties	Frequency 1 = Daily 2 = Weekly 3 = Monthly 4 = Quarterly 5 = Annually 6 = As Needed	
	Frequency	Percentage
Total (must be add up to 100%):		

SECTION C - IMPORTANT & ESSENTIAL KNOWLEDGE, SKILLS AND ABILITIES (KSAs)

Knowledge: refers to the concepts and information gained through experience, training and/or education and can be measured through testing.

Skills/Abilities: refers to the proficiency and capability which can be demonstrated and are typically manual in nature and/or can be measured through testing.

What are the knowledge, skills and abilities needed to perform this job?

What additional knowledge and skills could be learned on the job?

SECTION D - WRITTEN PROCEDURES/GUIDELINES/MANUALS/POLICIES

If you have any procedure manuals, guidelines, policies, references, tables, laws, rules, etc. to assist you in performing your duties and responsibilities, please identify and describe such materials and how they are used:

SECTION E - DECISION MAKING/PROBLEM SOLVING

List examples of decisions or commitments you regularly make without prior approval. Who is directly affected and how?

What types of questions or issues would you usually take to your supervisor for advice or resolution?
Give specific examples.

Briefly describe two typical problems or difficult/sensitive situations you have been called upon to deal with in performing your duties and how you dealt with/solved each situation.

SECTION F - SUPERVISION EXERCISED

Do you directly supervise anyone? No Yes
 If yes, please specify number of staff and identify the exact classification titles:

SECTION G - EQUIPMENT AND MACHINE OPERATION/COMPUTER SOFTWARE

In the performance of your duties, are you required to operate any equipment such as computers and software, calculators, forklifts, copiers, fax machines, hand/power tools, etc.? No Yes
 If yes, please list the equipment, machines, tools and/or software programs that you use and the purposes for which you use them.

Equipment, Machine, Software, etc. and Purpose	
1	
2	
3	
4	
5	
6	
7	
8	

Does your work require you to drive an automobile or other vehicle? No Yes
 If yes, describe the type of vehicle, the purpose of use, and frequency:

SECTION H - WORKING RELATIONSHIPS/HUMAN INTERACTION

Please list your contacts below. For each type of contact, indicate the purpose of the contact by inserting one of the corresponding numbers provided below on each line.

PURPOSE OF CONTACTS

- | | |
|--|--|
| 1 = Provide information/service | 5 = Negotiate within policy |
| 2 = Coordinate services, projects, and/or activities | 6 = Negotiate involving policy changes |
| 3 = Solve problems for services, projects, and/or activities | 7 = Other (specify below in remarks) |
| 4 = Supervise and direct others | |

Type of Contact (List Classification titles)	MAIN PURPOSE
1 Within work section/unit:	
2 Within Department:	
3 Within City:	
4 Vendors or outside agencies:	
5 Other Federal, State, local or non-profit agencies:	
6 Committees, Boards & Commissions:	
7 General public:	
8 Other (specify):	

SECTION I - PHYSICAL ACTIVITIES/REQUIREMENTS

This section helps us understand the physical activities and requirements that are absolutely necessary for you to successfully perform your job.

Does your work require any physical exertion such as bending, lifting, carrying, climbing or work in tight spaces, etc? No Yes

If yes, describe the circumstances of such activities and indicate corresponding amounts of weight, if applicable.

SECTION J - QUALIFICATIONS

EDUCATION						
Name, City and State of High School, Colleges/Universities	Units Completed		Course of Study/Major	Type of Degree?	Completed?	
	Semester	Quarter			Y	N
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
Other relevant courses and training	Name & Location of Institute		Length of course	Date Completed		
Professional licenses or certificates	Certificate Number		Date Issued	Expiration Date		

SECTION K - COMMENTS

Is there an existing City classification which you believe captures the work that you perform?
 No Yes
 If yes, provide exact classification title:

I certify to the best of my knowledge that the information contained in this questionnaire is an accurate description of my current duties and responsibilities as required by the position I hold.

 Signature of Employee

 Date

DHRM USE ONLY	
<input type="checkbox"/>	Complete PDQ = assign to staff
<input type="checkbox"/>	Incomplete PDQ = return to department
Analyst: _____	Date: _____
Comments/notes:	