



State of Oklahoma
Human Capital Management
A Division of the Office of Management and Enterprise Services
Policies and Procedures

Classification Dispute Review Request (HCM-70)

TO ALL EMPLOYEES:

When you and your agency are unable to resolve a dispute concerning the allocation of the position you currently occupy, use this form to request a position audit. You are the best person to provide information about what you do on your job. Use great care in completing this form so that your answers will give a clear and complete understanding of what you do. Please complete this form yourself and attach a current organizational chart reflecting this position within the agency. The information you provide will play an important part in determining the job family and level to which this position belongs. Do not copy from existing job family descriptors or questionnaires completed by other people. If you need more space to answer a question, complete the answer on a separate page (be sure to show the number of the question). These forms are not completed until after the end of the internal agency grievance process. If the grievance process does not result in the dispute being resolved, the resolution decision by the appointing authority shall be to advise the employee to complete this form (Merit Rule 455:10-19-35(4)). Completed forms are to be submitted through appropriate supervisory channels to the agency human resources management office. The procedures involved in the audit and allocation of a position are separate from the Uniform Employee Grievance Procedure steps and time limits. Failure to properly file or complete any of the required forms will result in a delay until such information is obtained. Please retain a copy of the completed form for your records.

Classification Dispute Review Request Human Capital Management

PART 1 - GENERAL INFORMATION: Please read attached instructions prior to completing this form.

1. YOUR NAME AND EMPLOYEE ID NUMBER	2. CURRENT OFFICIAL HCM JOB TITLE AND JOB FAMILY CODE ASSIGNED TO THE POSITION
3. AGENCY FOR WHICH YOU WORK	4. DIVISION AND SECTION WHERE YOU WORK
5. WORK ADDRESS (Include Zip+4) & TELEPHONE NUMBER	6. CURRENT DATE
7. YOUR SUPERVISOR'S NAME & WORK TELEPHONE	8. SUPERVISOR'S OFFICIAL TITLE & JOB CODE

PIN:

PART 2 - DESCRIPTION OF DUTIES PERFORMED

A. Briefly, what is the major purpose of your job? Describe the general function and major responsibility of your position.

B. List the various duties you perform on your job. Describe these duties so specifically that they will be clear to someone who is not familiar with your work. Please estimate the percentage of time you spend performing each duty. The total of the percentages should equal 100%. If you perform supervisory duties, be sure to describe these duties in detail as well. Please rank your duties in order of importance (most important first).

Percentage of time spent	Duty Statements

PART 3 - SUPERVISORY DUTIES

A. Do you supervise other employees? YES NO Do any of these employees supervise others? YES NO

B. List the number and job titles of employees you supervise:
NOTE: Supervision must include approval of leave and completion of performance evaluations.

NUMBER OF EMPLOYEES JOB TITLES

c. Describe the general purpose and type of work performed by the employees you supervise.

PART 4 - WORK GUIDELINES: List specific laws, regulations, instructions, or procedures you must use or follow in performing your job. Describe how you use these laws, regulations, etc., in your work.

PART 5 - DECISION MAKING: What decisions are you permitted to make without reference to higher authority? What aspects are checked or reviewed by others? What kinds of errors in judgment or performance can you make in your work? What happens if you make such an error or mistake?

PART 6 - SUPERVISION RECEIVED

A. Who assigns your work to you? (Job Title & Job Code) _____

B. Who checks your work upon completion? _____
(Job Title & Job Code)

C. What is the level of supervision or direction you receive in performing your assigned duties? (Check one) I receive

- assignments that are well detailed and well prescribed by the supervisor.
- I receive assignments that are prescribed, but the methods are not typically reviewed nor controlled while the work is in progress.
- I am free from both technical and administrative oversight while the work is in progress.
- I am free from active technical control in planning and carrying out work responsibilities.
- I am given technical and administrative freedom to plan, develop and organize all phases of the work necessary for its completion within broad program guidelines.

PART 7 - PERSONAL CONTACTS

Describe the different kinds of people you must deal with in carrying out your work. Describe the purpose, nature and frequency of the contacts. Also indicate whether these contacts are in person, by correspondence or by telephone.

PART 8 - FISCAL IMPACT OF WORK: (If none, please write NONE.)

- A. List the approximate payroll cost for positions you supervise: \$ _____
- B. List the approximate operating budget for which you are personally responsible: \$ _____
- C. List and describe other dollar amounts for which you have a direct responsibility: \$ _____

PART 9 - SPECIAL REQUIREMENTS

What licenses or certificates are required to perform your work? List the source for such licenses or certificates.

PART 10 - SUPERVISOR'S SECTION

Please review this questionnaire carefully to see that it is accurate and complete, then fill out the remainder of this section. Do not fill out this section unless you supervise the position directly. If you direct this position through a subordinate supervisor, have that supervisor complete this section. Under no circumstances should you change or alter the entries on this questionnaire. Also, do not make any statements or comments about the employee's performance, competence or qualifications. This questionnaire will be used to evaluate the duties that constitute the position and not the qualifications or performance of the employee.

A. Describe this position as you see it. Show how it relates to other positions under your supervision and the unit as a whole.

B. Describe the duties assigned to this position which you feel are most important.

C. State any additions or exceptions to the statements made by the employee on this questionnaire. Be sure to identify the part and question number.

Signature of Supervisor Completing this Section

Date

Upon completion of the supervisor's section, the HCM-70 should be returned to the employee for his/her review and signature.

PART 11 - EMPLOYEE'S SECTION

I certify, subject to the penalties provided by law and the Merit System of Personnel Administration Rules, that the responses to this questionnaire are my own and that they are, to the best of my knowledge, complete and accurate. I HAVE READ AND UNDERSTAND THE SUPERVISOR'S COMMENTS IN PART 11.

Signature of Employee

Date

QUESTIONNAIRES NOT SIGNED BY BOTH THE EMPLOYEE AND SUPERVISOR WILL BE RETURNED!

FOR HCM/AGENCY USE ONLY

ALLOCATED TO:	_____	PIN:	_____
	Job Family Descriptor Title and Code		
BY:	_____	_____	_____
	Name of HCM/Agency Reviewer		Date
Job Family Descriptor Level and Code to Which Assigned	_____	By _____	_____
	Level	Code	Name of Agency Reviewer
			Date