

Application for Extended Responsibility

Existing Position Review

SECTION 1. GENERAL INFORMATION

Building/Department	Name of Employee/Individual Requesting Review	Employee ID #
Current Position Supervisor	Position Title	

SECTION 2. CHANGE OF POSITION

Describe which levels of responsibility, duties assigned and/or time requirements associated with your position have changed significantly.

For what length of time has this change been experienced?

SECTION 3. STUDENT/PARTICIPANT CONTACT TIME

Provide frequency only for item/s which have significantly changed.

Event Type	Change?	Frequency
Meeting, Practice, or Rehearsal	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many hours per week do you engage in this type of activity for at least one hour outside of your standard contract day?
Public Events, Performances, Contests, or Games	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many hours per week do you engage in this type of activity for at least one hour outside of your standard contract day?
Meeting, Practice, or Rehearsal	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many days per week do you engage in this type of activity for at least one hour outside of your standard contract day?
Public Events, Performances, Contests, or Games	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many days per week do you engage in this type of activity for at least one hour outside of your standard contract day?
Length of Season	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long is the season/period of time in which you are responsible for this activity?

SECTION 4. ADDITIONAL RESPONSIBILITIES

Provide notes/comments only for item/s which have significantly changed.

Required Duties	Change?	NOTES/COMMENTS
Budgeting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check yes if this position requires you to develop and manage a budget.
Fundraising	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fundraising is required of this position in order to maintain the program or activity.
Managing Paid Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	This position requires you to direct and support staff which are allocated by the District.
Managing Adult Volunteers	<input type="checkbox"/> Yes <input type="checkbox"/> No	This position requires you to direct and support volunteers in order for the activity/program to take place.
Reporting Results	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I do not report results. <input type="checkbox"/> Results are submitted to a third party. <input type="checkbox"/> I collaborate with others on reporting and analyzing data. <input type="checkbox"/> I am primarily responsible for reporting and analyzing data.

Equipment Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I do not manage equipment. <input type="checkbox"/> I submit requests to a third party. <input type="checkbox"/> I collaborate with others on managing equipment. <input type="checkbox"/> I am primarily responsible for managing necessary equipment.
Facilities Preparation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I do not prepare facilities. <input type="checkbox"/> Facility requests are submitted to a third party. <input type="checkbox"/> I collaborate with others on preparing facilities. <input type="checkbox"/> I am primarily responsible for preparing facilities.
Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transportation is not required. <input type="checkbox"/> Transportation requests are submitted to a third party. <input type="checkbox"/> I collaborate with others on arranging and organizing transportation. <input type="checkbox"/> I am responsible for transporting students.

SECTION 5. NEW REQUIRED CERTIFICATIONS AND TRAINING

SECTION 6. ADDITIONAL INFORMATION

Please share any other information you feel is important to consider.

SECTION 7.

Do you wish to meet with the review committee to further explain your request?

- Yes
- No

EMPLOYEE SIGNATURE

Date

SECTION 8. SUPERVISOR REVIEW

(Required with submission)

Comment on the accuracy and completeness of position change description. Add any items that are missing and/or will help in fully understanding the position.

SUPERVISOR SIGNATURE _____

Date _____

SECTION 9: HUMAN RESOURCES ACTION

- No change in the employee's current extended responsibility job description is warranted
- Reclassify the employee into another existing extended responsibility position description based on significant change in job duties and responsibilities
- Revise the employee's current extended responsibility job description based on permanent and substantial changes in the duties and responsibilities prior to submission to the ERRT for scoring
- Prepare a new job description for submission to the ERRT for scoring.

Notes/Comments:

SIGNATURE

Date