DEL MAR COLLEGE **EXEMPT**

Position Re-Evaluation Questionnaire For Changes in Position Responsibilities Form II

This questionnaire should be completed by the **supervisor** with input from the employee, as appropriate, if the duties and responsibilities of a position have permanently and significantly changed from the existing EXEMPT PEQ. (Attach additional sheets as necessary.)

Position Title:		Current Grade:			
Department/Division:		Review Date:			
Area o	f Responsibility				
1.	Please provide a summary of changes in area of responsibility (i.e., additions and/or deletions				
2.	Why did these changes occur?				
3.	The new job responsibilities were transferred from what po	sition/area?			
<u>Princi</u>	Principal Duties				
1.	State specific changes or new duties and how frequently the monthly, quarterly, or annually).	ey must be performed (daily, weekly,			
2.	List any duties which have been deleted from this position.				

Supervision Exercised

1.	Does this position involve supervising the work of others? Yes No No					
	List the positions supervised. Indicate number of persons supervised either directly or indirectly, and their employment status (full-time, half-time, part-time, or students).					
	Title	Number of Employees	Direct/Indirect	Employee Status		
2.	If the answer to question 1 indicates that a change has occurred in supervisory responsibilities, please explain the reason for the change.					
3.	The responsibility for supervision was transferred from what position? Why?					
4.	List any supervisory responsibilities deleted	I from this position.				

Internal and External Contacts

1.		t changes in internal and external contacts required to accomplish the job, and how frequently ese contacts would occur (daily, weekly, monthly, quarterly, annually).			
2.	The responsibility for these contacts were t	ransferred from what position? Why?			
3.	List any contacts (internal or external) dele	ted from this position			
0.	List any contacts (memail or othermal) dole	tod mem and position.			
Additi	ional Information				
1.	Indicate any additional information pertiner	nt to the change in job responsibilities that does no	fit		
	into any other category.				
	\$	Signature of Employee	Date		
	S	Signature of Immediate Supervisor	Date		
	S	ignature of Dean	Date		
		Signature of Vice President	Date		