

1. Name of officer or employee		Clinton County Dept. of Personnel 137 Margaret Street Plattsburgh, New York 12901		RECLASSIFICATION FORM Form MS 220 Leave this space blank
Last	First	Middle		
2. Payroll or budget title		3. City, county, town or village	4. Rate of Pay <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Daily \$ _____ <input type="checkbox"/> Hourly	
5. Place of work (bldg. and room)		6. Department	7. Division or Bureau	
8. Civil Service Status of Position	<input type="checkbox"/> Competitive <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Labor <input type="checkbox"/> Not Now Classified <input type="checkbox"/> Unclassified	9. Number Years in Service	10. How Many Years in present position	
11. Names and titles of persons from whom you receive supervision or direction, and the degree of this supervision.				
NAMES		TITLES		DEGREE OF SUPERVISION RECEIVED
12. If your work involves the direction or supervision of the work of others, give their names, titles and the degree of supervision.				
NAMES		TITLES		DEGREE OF SUPERVISION EXERCISED
13. DESCRIPTION OF DUTIES—Describe the work that you do. Use a separate paragraph for each kind of work. Take the most important kind first, that is the kind that takes up most of your time. Explain it fully. Then take up the next most important, and so on, putting the special or occasional duties last. Be sure to make your descriptions definite enough and in enough detail to give a clear picture of the work. In the column at the left give your best estimate of the fraction or percent of your total working time that is taken up by each kind of work described.				
PERCENT OF TIME				
IF MORE SPACE IS NEEDED ATTACH A SEPARATE SHEET				

14. Describe fully in what detail your assignments are made to you stating what form (such as—penciled lay-out, rough draft, etc.) your work is in when it comes to you, what decisions have already been made for you, what decisions are left to you.																			
15. Summarize your work responsibilities, as you understand them.																			
16. Who checks or reviews your work and what is the nature of such check?																			
17. Date				18. Signature															
I certify that the entries to the above questions are my own answers to the questions, and to the best of my knowledge and belief are correct and complete answers to the questions.																			
TO BE COMPLETED BY IMMEDIATE SUPERVISOR OF EMPLOYEE:																			
19. Place an X mark opposite that item in each group which will best describe the work of this position:																			
<input type="checkbox"/> Simple repetitive routine. <input type="checkbox"/> Repetitive but involves independent decisions in individual cases. <input type="checkbox"/> Customarily involves independent decisions on order of tasks and methods used. <input type="checkbox"/> Customarily involves independent decisions as to scope and planning of projects.							<input type="checkbox"/> Does not involve any oversight, planning or supervision of the work of others. <input type="checkbox"/> Involves some advisory or "straw-boss" supervision of the work of others. <input type="checkbox"/> Involves the regular but routine supervision of the work of others in the immediate field of activity. <input type="checkbox"/> Involves responsibility for the planning and assigning of work activities of considerable variety and importance.												
<input type="checkbox"/> Requires no previous training or specialized education. <input type="checkbox"/> Requires some previous training or experience but with NO specialization in the department activity. <input type="checkbox"/> Requires some previous training or experience WITH some specialization in the department activity. <input type="checkbox"/> Requires thorough training in the trade or profession but NO specialized experience in the department activity. <input type="checkbox"/> Requires thorough training in the trade or profession WITH specialized experience in the department activity. <input type="checkbox"/> Requires administrative ability in the trade or profession with advanced training and experience in department activity.							IF THE POSITION INVOLVES STENOGRAPHY CHECK ONE OF THE FOLLOWING												
<input type="checkbox"/> Is under immediate oversight. <input type="checkbox"/> Is not under immediate supervision but is performed according to a definitely prescribed practice or procedure. <input type="checkbox"/> Is under general supervision and makes decisions on ordinary questions of procedure and order of tasks. <input type="checkbox"/> Is subject to administrative approval and is responsible for planning and initiating of projects.							IF THE POSITION INVOLVES TYPING CHECK ONE OF THE FOLLOWING												
<input type="checkbox"/> Includes occasional or incidental stenography but a qualified stenographer is NOT necessary to fill the position. <input type="checkbox"/> Includes occasional or incidental stenography and REQUIRES a qualified stenographer. <input type="checkbox"/> Involves stenography as the major function of the position. <input type="checkbox"/> Involves stenographic duties of a secretarial nature. <input type="checkbox"/> Involves shorthand reporting of hearings or similar audiences.							<input type="checkbox"/> Includes occasional or incidental typing but a qualified typist is NOT necessary to fill the position. <input type="checkbox"/> Includes occasional or incidental typing and REQUIRES a qualified typist. <input type="checkbox"/> Involves typing as the major function of the position. <input type="checkbox"/> Involves typing requiring the ability to set up complex tabulations, statistical tables and similar material.												
20. How much formal education should be required in case of a vacancy. Show by the letter "N" in the appropriate space, the least that you consider should be accepted and by a "D" the amount desirable.		Merely read and write	Common school and high school												College				Other special or technical courses
			1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	
21. Are the above statements of the employee accurate and complete? (Indicate any inaccuracies or incomplete items.)																			
22. Give your idea of the essential nature of the work and responsibilities of the position and the attention and supervision it requires.																			
23. Date				24. Signature of Immediate Supervisor															
TO BE FILLED IN BY THE DEPARTMENT HEAD																			
25. Comment on above statements of employee and supervisor. (Indicate any inaccuracies.)																			
26. Date				27. Signature of Department Head															