DESK AUDIT REQUEST FORM

This desk audit request form is available to current District employees who believe that they are performing duties inconsistent with their job description and would like their current position reviewed. Please submit completed forms to the Personnel Commission office to the address indicated at the bottom of this form or you can email it to Tamara Booker at tamara.booker@sbcusd.k12.ca.us.

Please be advised that if it is determined that there has been an accretion of duties over a period of two (2) years (or longer), the employee will need to fill out the Position Description Questionnaire (PDQ) (long form) found online. The application submission window for the PDQ is from January 1st – March 1st.

Name:	Employee Number:
Classification:	
School Site / Department:	
Work Hours / Months:	
Name and Title of Immediate Supervisor:	
Length of Time in the Present Position:	
If you are a supervisor or manager:	
Name(s) of unit(s) you supervise:	
Total # of employees you supervise:	
Please respond to the following questions. I defining current responsibilities. Please us	Be very organized, thorough, and concise when e additional paper if necessary.
Briefly summarize what you do. What are the producing?	ne primary work outputs you are responsible for
PERSONNE	L COMMISSION

SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT - PERSONNEL COMMISSION

Please describe the reason(s) you are requesting that a desk audit be conducted.
Please list the duties that you are being required to perform that you believe are inconsistent with your classification description. Include the length of time since you began performing such duties

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