



**Gallagher**

Insurance | Risk Management | Consulting

# Foothill-De Anza Community College District

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**Classification and Compensation Study**

May 2025



# Why We Are Here

## Classification Study

- Classification Analysis and Plan Development
- Snapshot in time

## Stakeholder Involvement

- Employees
- Supervisors and Management
- Human Resources



# Classification Study Overview



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## Purpose of a classification study

- Up-to-date & current class plan/descriptions
- Ensure legal compliance
  - Fair Labor Standards Act & Americans With Disabilities Act
- Enhance recruitment process
- Career paths
- Training opportunities
- Objective performance evaluations
- Equitable compensation system



Orientation meetings with employees



PDQ completion and review



Employee, supervisor, and management interviews



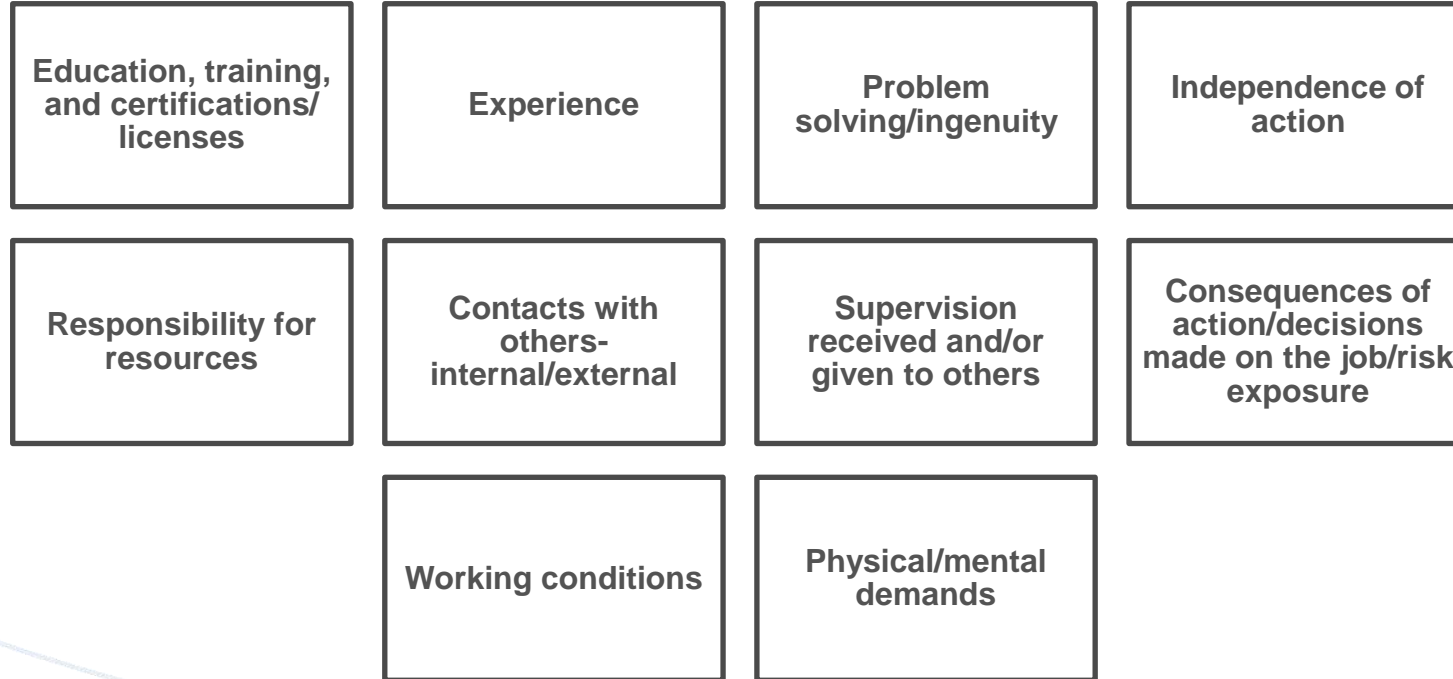
Draft classification concepts & descriptions; and  
position allocation



Employee, supervisor, management review

# Methodology

# Job Analysis Methodology



Not a performance evaluation process

Not a staffing study

PDQs – no changes by supervisor and management; validation of information

Classifications are generalized

Not every word from the PDQs will be on the final classification description

PDQs – completed during normal work hours

## Study Expectations



# PDQ Completion



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## Proposed Timeline

PDQs To  
supervisor  
2-3 weeks

PDQs To  
manager  
1-2 weeks

PDQs To  
Gallagher  
1-2 weeks

Interviews  
July 2025

### POSITION DESCRIPTION QUESTIONNAIRE

Name: [ ]		Class Title: [ ]	
Department: [ ]		Division: [ ]	
Work Address: [ ]			
Work Phone: [ ]		E-mail Address: [ ]	
Work Shift: [ ]	Time in Current Job: [ ]	Time with the Agency: [ ]	

Each employee will have the opportunity to be interviewed by Koff & Associates. Employees in a classification with only one position will be interviewed by the consultant. Please select one of the following options:

- I am interested in participating in a group interview for my classification.
- I am interested in participating in an individual interview.
- I do not request an interview. Please note if you check this box, the consultant may still elect to interview you.

The individual interviews will be no more than 30 minutes; group interviews will be no more than 45 minutes.

**1.0 PURPOSE:** Briefly summarize the overall purpose of your position:

[ ]

# 2.0 Organizational Context

**2.0 ORGANIZATIONAL CONTEXT: SUPERVISION RECEIVED**

2.1 I report to:  (Name of immediate Supervisor)  
 (Title of immediate Supervisor)  
 (E-mail Address of immediate Supervisor)

Others who report to the same supervisor:

Job Title	Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2.2 How are your work priorities set (by you, by your supervisor, standard procedures, etc.)?

2.3 Describe the work decisions that you make on your own:

2.4 Which decisions do you refer to your supervisor, or to other departments within the organization?

2.5 What types of guidance are used to aid you in the performance of your duties (desk manuals, departmental procedures, established practices, regulations, etc.)?

2.6 How frequently do you meet with your supervisor to receive work direction and/or to have your work checked (daily, weekly, monthly, rarely, as needed, etc.)?

# 3.0 Supervision Exercised

## 3.0 ORGANIZATIONAL CONTEXT: SUPERVISION EXERCISED

3.1 Does your position supervise other employees? (If no, skip the remainder of Section 3.)

Yes  No

3.2 Name and title of employees that you directly supervise:

*Job Title*


*Name*


3.3 What type/level of supervision do you exercise? Check all which apply:

Approve	Recommend	
<input type="checkbox"/>	<input type="checkbox"/>	Plan work of others
<input type="checkbox"/>	<input type="checkbox"/>	Distribute work to others
<input type="checkbox"/>	<input type="checkbox"/>	Check work of others
<input type="checkbox"/>	<input type="checkbox"/>	Approve work of others
<input type="checkbox"/>	<input type="checkbox"/>	Train employees
<input type="checkbox"/>	<input type="checkbox"/>	Evaluate performance
<input type="checkbox"/>	<input type="checkbox"/>	Establish unit policy/procedure
<input type="checkbox"/>	<input type="checkbox"/>	Other - Please list: <input type="text"/>

Approve	Recommend	
<input type="checkbox"/>	<input type="checkbox"/>	Hire new employees
<input type="checkbox"/>	<input type="checkbox"/>	Terminate employees
<input type="checkbox"/>	<input type="checkbox"/>	Promote employees
<input type="checkbox"/>	<input type="checkbox"/>	Demote employees
<input type="checkbox"/>	<input type="checkbox"/>	Discipline employees
<input type="checkbox"/>	<input type="checkbox"/>	Approve leave
<input type="checkbox"/>	<input type="checkbox"/>	Approve pay increases
<input type="checkbox"/>	<input type="checkbox"/>	Other - Please list: <input type="text"/>

# 4.0 Equipment

**4.0 EQUIPMENT:** List any machines, equipment, or vehicles you regularly operate in the course of work (e.g., office equipment such as computer, copy machine, etc.; hand and/or power tools; vehicles such as trucks, fork lifts, cars, etc.; heavy equipment such as loader, cranes, bulldozers, crane lifts, etc.)

Type of Machinery/Equipment	Purpose for Which You Use It	What You do With It

# 5.0 Contacts

**5.0 CONTACTS:** Other than your supervisor and coworkers, with whom, inside and outside of the agency, do you have contact in the course of your work, and how frequently? (*D=daily, W=weekly, M=monthly, I=infrequently: several times a year or less*)

Title	Regarding	Frequency
		Select
		Select
		Select
		Select
		Select
		Select
		Select
		Select
		Select
		Select

# 6.0 Budget

6.0 **BUDGET:** Total dollar amount of budget under your control:

6.1 Describe your responsibility for budget expenditures and control over revenue generation or cost savings:

# 7.0 Work/Duties

**7.0 DESCRIPTION OF YOUR WORK/DUTIES:** Describe on the following page(s) the work that you perform, starting with your most important duties. (See examples below) – Please focus on the most essential functions of your job and note that most class descriptions consist of 12-15 duty statements.

- First number your duties in the # column.
- In the **DUTIES** column, describe the tasks you perform beginning each statement with an action verb.
- In the **TIME** column, indicate what percentage of your overall work time you spend performing each duty. If percentages are too difficult, use hours per day, week, or month; or, for seasonal duties, show number of days or weeks per year.
- In the **FREQ** column, indicate how frequently the task occurs using the following codes:

*SD=several times daily*

*D=daily*

*W=weekly*

*M=monthly*

*I=infrequently: several times a year or less.*

- In the **IMP** column, identify how important the duty is to your overall job effectiveness, using the following codes:

*H = High: if this duty were removed from my job, it would have a significant impact on the nature of my job.*

*M = Medium: if this duty were removed from my job, it would have an impact, but it would not change the nature of my job significantly.*

*L = Low: if this duty were removed from my job, it would not have much impact.*

# 7.0 Continued

#	DUTIES	TIME (Needs to add up to 100%)	FREQ	IMP
E.g. 1	I schedule and coordinate meetings, seminars, conferences, and training sessions for department staff; act as meeting and/or committee secretary including preparing agendas and informational packets, setting up meeting rooms, and taking and transcribing minutes for assigned boards and commissions.	15%	SD	H
E.g. 2	I monitor and control the operation of water distribution systems including chemical feeding equipment and utilizing the telemetry system, filtration equipment, reservoirs, and/or storage tanks.	25%	SD	H
E.g. 3	I write or review mitigation contract documents [plans and specifications] for site preparation, clearing and grubbing, earthwork, plant installation, erosion control, maintenance and short-term monitoring.	30%	W	M
			Select	Select
			Select	Select
			SD	Select
			D	Select
			W	Select
			M	Select
			I	Select
			Select	Select
			Select	Select

# 8.0 & 9.0 Complex Duties & Position Changes

**8.0** Which of your duties do you consider most complex or difficult, and why?

**9.0** If your position responsibilities have changed significantly in the past two years, please explain how:

# 10.0 Sensory Demands

**10.0 SENSORY DEMANDS:** Indicate which sensory abilities are required in the performance of your job, and in the **FREQ** column, show how often you use the sensory ability in the course of your work. Use these codes:

*SD*=several times daily; *D*=daily; *W*=weekly; *M*=monthly; *I*=infrequently: (several times a year or less)

Required (Yes / No)	Sensory Demand	FREQ
Select	SIGHT in order to <input type="text"/>	Select
Select	COLOR VISION in order to <input type="text"/>	Select
Select	HEARING in order to <input type="text"/>	Select
Select	SMELL in order to <input type="text"/>	Select
Select	SPEECH in order to <input type="text"/>	Select
Select	TOUCH in order to <input type="text"/>	Select

# 11.0 Physical Demands

**11.0 PHYSICAL DEMANDS:** Indicate which physical abilities are required in the performance of your job, and in the **FREQ** column, show how often you perform the physical activity in the course of your work. Use these codes:

*SD*=several times daily; *D*=daily; *W*=weekly; *M*=monthly; *I*=infrequently (several times a year or less)

Required (Yes / No)	Physical Demands	FREQ
Select	SITTING in order to <input type="text"/>	Select
Select	STANDING in order to <input type="text"/>	Select
Select	WALKING in order to <input type="text"/>	Select
Select	RUNNING in order to <input type="text"/>	Select
Select	CLIMBING in order to <input type="text"/>	Select
Select	BENDING in order to <input type="text"/>	Select
Select	STOOPING in order to <input type="text"/>	Select
Select	KNEELING in order to <input type="text"/>	Select
Select	HAND/FINGER MOVEMENT: GRASPING in order to <input type="text"/> FINE MANIPULATION in order to <input type="text"/>	Select Select
Select	LIFTING in order to <input type="text"/> Avg # lbs: <input type="text"/> Max # lbs: <input type="text"/>	Select
Select	CARRYING in order to <input type="text"/> Avg # lbs: <input type="text"/> Max # lbs: <input type="text"/> Avg dist: <input type="text"/> ft. Max dist: <input type="text"/> ft.	Select
Select	PUSHING in order to <input type="text"/> Avg # lbs: <input type="text"/> Max # lbs: <input type="text"/> Avg dist: <input type="text"/> ft. Max dist: <input type="text"/> ft.	Select
Select	UNUSUAL FATIGUE FACTORS (e.g., wearing heavy protective clothing)	Select
Select	OTHER physical demands (list and explain): <input type="text"/>	Select

# 12.0 Environmental Conditions

**12.0 ENVIRONMENTAL CONDITIONS:** Indicate which conditions are required in the performance of your job, and in the **FREQ** column, show how often you work in the environmental condition. Use these codes:

*SD*=several times daily; *D*=daily; *W*=weekly; *M*=monthly; *I*=infrequently (several times a year or less)

Required (Yes / No)	Environmental Condition	FREQ
Select	Typical office conditions: <input type="checkbox"/>	Select
Select	Work outdoors: <input type="checkbox"/>	Select
Select	Exposure to extreme temperatures: <input type="checkbox"/>	Select
Select	Exposure to extreme weather conditions: <input type="checkbox"/>	Select
Select	Exposure to toxic/poisonous substances: <input type="checkbox"/>	Select
Select	Exposure to biologic/infectious agents: <input type="checkbox"/>	Select
Select	Exposure to dust, fumes, and/or allergens: <input type="checkbox"/>	Select
Select	Exposure to excessive noise: <input type="checkbox"/>	Select
Select	Exposure to unpleasant odors: <input type="checkbox"/>	Select
Select	Exposure to vermin, insects, parasites etc.: <input type="checkbox"/>	Select
Select	Work near hazardous/moving equipment or machinery: <input type="checkbox"/>	Select
Select	Work at heights: <input type="checkbox"/>	Select
Select	Work in a confining space (e.g. storage tank/vat, sewer, manhole, tunnel, pipeline, pit, duct, well, vault, trench) please list if applicable: <input type="checkbox"/>  If you work in a confining space, do you receive special training/certification to perform confined space entry? <input type="checkbox"/> Yes <input type="checkbox"/> No	Select
Select	Use protective clothing, equipment, devices, materials: <input type="checkbox"/>	Select
Select	Work with hostile, violent and/or offensive individuals: <input type="checkbox"/>	Select
Select	Other environmental conditions (list and explain): <input type="checkbox"/>	Select

# 13.0 Education

**13.0 EDUCATION**

**13.1** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at the time of hire? Mark the level that applies to your job:

You Have	Minimum Required	Required (Yes/No)
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree or two-year technical certificate - Type: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree - Type: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Master's degree - Type: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain): <input type="text"/>

**13.2** What is the minimum years of experience that you believe is needed to satisfactorily perform your job at the time of hire?

**13.3** List below the licenses, professional or technical certificates you currently hold and check the corresponding box if it is a minimum requirement of the position.

Certificate – Licenses	You Have	Minimum Required
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

# 14.0 Job Qualifications

**14.0 OTHER JOB QUALIFICATIONS:** Please add any other information you feel relevant to the study.

**14.1** List the types of **KNOWLEDGE (K)** and **ABILITIES (A)** needed to start on this job:

#	Knowledge & Abilities
K	Example: When listing laws, please specify its name such as National Environmental Policy Act (NEPA) or California Environmental Quality Act (CEQA).  DO NOT state, "pertinent federal, state, and local laws"
K	Example: Administrative principles and practices, including goal setting, program development, implementation, and evaluation, and supervision of staff.
A	Example: Develop and recommend environmental mitigation for projects.
A	Example: Conduct complex civil engineering research projects, evaluate alternatives, make sound recommendations, and prepare effective technical reports.
Select	<input type="text"/>
Select	<input type="text"/>
Select	<input type="text"/>
Select	<input type="text"/>
Select	<input type="text"/>
Select	<input type="text"/>
Select	<input type="text"/>

# 15.0 Study Expectations

**15.0 STUDY EXPECTATIONS:** What are your expectations from this study?

*I understand that by checking this box, my electronic signature below certifies that statements made by me on this questionnaire are, to the best of my knowledge, complete and accurate.*

SIGNATURE:

DATE:

# Supervisor Comments

EMPLOYEE NAME:

## IMMEDIATE SUPERVISOR'S COMMENTS

**Instructions:** Review the employee's questionnaire carefully to see that it is accurate and complete. Do not change or alter the employee's statements or entries in the questionnaire. If you feel that the employee's description is not accurate, use the spaces provided below to clarify or elaborate on the description. Do not make any statements or comments about the employee's work performance or competence.

How long have you supervised this employee?

Which of the employee's duties do you consider most important or difficult?

If you had to replace the employee, what qualifications would be most important to you? What would the minimum educational and experience requirements be?

Do you agree with the employee's description of his/her work job and its requirements?

Use this space to add information or clarification to the employee's questionnaire.

***I understand that by checking this box, my electronic signature below certifies that, with the exception as noted above (if applicable) and to the best of my knowledge, the employee's questionnaire is an accurate and complete representation of his/her work.***

SIGNATURE:

DATE:

Print name and title:

# Manager Comments

**DEPARTMENT MANAGER'S COMMENTS**

Which of the employee's duties do you consider most important or difficult?

Use this space to add information or clarification to the questionnaire, or other pertinent information.

*I understand that by checking this box, my electronic signature below certifies that, with the exception as noted above (if applicable) and to the best of my knowledge, the employee's questionnaire is an accurate and complete representation of his/her work.*

SIGNATURE:

DATE:

Print name and title:



# Compensation Study Overview



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**Benchmark  
classifications**



**Comparator  
agencies**

# Survey Elements

## Comparator Agency Criteria

- Geographic Proximity
- Educational Administrator, Tenured, & Academic Temporary
- Student Enrollment
- Classified Staff
- All Funds - Revenue
- Revenue per Student (per \$1,000)
- % above or below U.S. Cost of Living Average

Each factor  
analyzed and  
ranked

Determine  
similarity

# Benchmark Classes

**Classes which we anticipate would be common to other agencies**

- Not every class is a benchmark
- Should have a relationship to other classes
- Benchmark classes are used to set salaries for non benchmark classes

# Salary data

Top of published range

Monthly dollar amounts

Data is normalized

Effective dates

Next increases (if known)

Differences noted

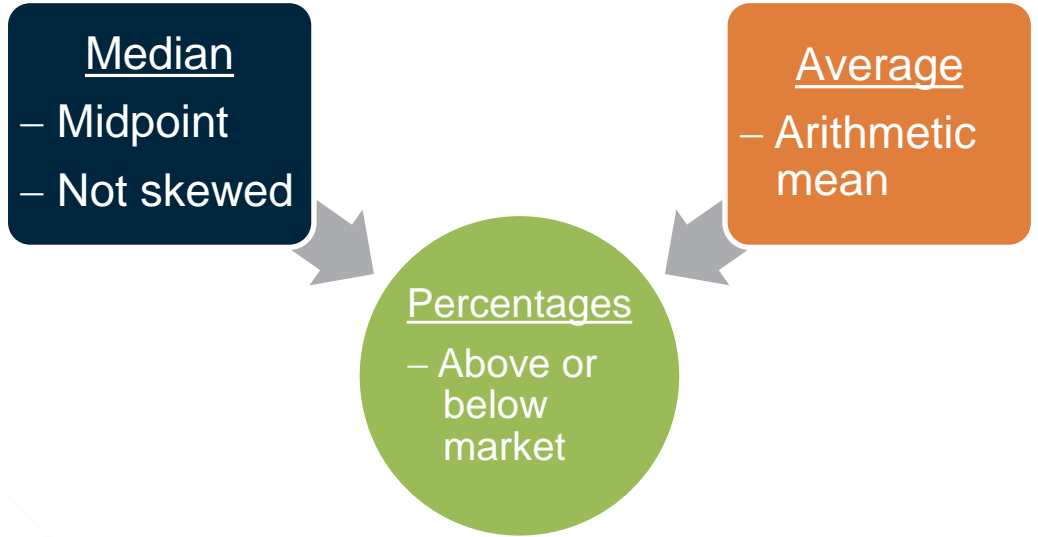


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# Statistical Calculations



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# Internal Relationships

- I. Surveyed classifications with lack of data
- II. Non-surveyed classifications
- III. Whole position analysis
  - A. Same class series
  - B. Scope of work
  - C. Organizational “worth”
  - D. Past internal relationships
- IV. Implementation and strategy development
- V. Plan development, potentially multi-year



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# Stakeholder Touchpoints

- I. Kick-off & orientations
- II. PDQs and Interviews
- III. Class description review
- IV. Final classification issues



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# Questions & Comments

Thank you!



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