**1. BACKGROUND INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Class Title |  |
| If This Is A Group Questionnaire, Please List Additional Names Here |  |
| Department, Location and/or Special Program  |  |
| Work Day Begins At: |  | Ends: |  | Total Hours Per Day: |  | Days Per Year or Months Per Year (10/11/12) |  |
| Length of Time in Present Position  |  | Years |  | Mos. |
| Last Previous Position Within the Organization (if applicable)  |  |
| Name & Title of Person(s) Who Signs Your Evaluation  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does Your Current Class Title Accurately Describe Your Position?  |  | Yes |  | No |
| Does Your Current Job Description Accurately Describe Your Duties?  |  | Yes |  | No |
| If You Responded “No” For The Previous 2 Questions, Please Summarize Your Concerns:  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do You Wish To Request An Interview With The Consultants?  |  | Yes |  | No |
| If You Wish to Have a Group Interview, Please List the Individuals Here  |  |

**2. JOB SUMMARY**

Please summarize the major purpose of your job:

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| --- |
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**3. SPECIFIC DUTIES AND RESPONSIBILITIES**

A. Representative Duties and Responsibilities

Describe the regular duties and work that you perform in order of importance. In the column in the middle, provide your best estimate of the time you spend performing each duty. **To add more items, just hit the tab key.** As an option to complete this section, you may choose to attach a copy of your current job description and indicate changes as needed.

*How often performed? D = Daily, W = Weekly (at least once), M = Monthly (at least once), Y = Yearly (at least once or twice)*

|  |  |  |  |
| --- | --- | --- | --- |
| # | Representative Duties and Responsibilities | % of Time | How Often Performed? |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
|  |  |  |  |
|  |  |  |  |

B. What equipment do you use in performing these tasks?

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| --- |
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**4. CONTACT WITH OTHERS**

With what organizations, agencies or authorities outside the organization do you come in contact (if any) during the normal course or your duties? What is the reason for this contact? How frequently ("continuous", "frequent", "moderate" or "infrequent")?

|  |  |  |
| --- | --- | --- |
| Outside Organization  | Reason for Contact | How Often |
|  |  |  |

**5. RECORDS AND REPORTS**

What records and/or reports do you regularly maintain or prepare?

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Record/Report | Reason for Record/Report | Sent to | How Often |
|  |  |  |  |

**6. DECISIONS & FINANCIAL RESPONSIBILITIES**

Describe the most important decision(s) you make in the course of your work.

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Financial Impact: What is the total amount and type/name of any budget or funds for which you have direct accountability, including salaries of employees?

|  |
| --- |
|  |

Please mark an “X” in any box that applies to your responsibility level for the budget.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Monitoring |  | Development |  | Recommend Purchases |  | Authorize Expenditures |  |

**7. SUPERVISION**

A. Supervisory Responsibilities

Please mark an “X” in any box that applies to your responsibility level for supervising employees.

|  |  |  |
| --- | --- | --- |
| DIRECT SUPERVISION |  | INDIRECT SUPERVISION |
| Performance Appraisals |  |  | Lead and Provide Work Direction |  |
| Plan/Conduct Professional Development |  |  | Assign/Review/Monitor Work Assignments |  |
| Interview/Selection of Staff |  |  | Provide Input During Evaluations |  |
| Personnel Action Recommendations (salary increases/promotion/transfers/discipline/reassignment etc) |  |
| Personnel Action Determinations (salary increases/promotion/transfers/discipline/ reassignment etc.) |  |

B. Subordinates (if applicable)

List employees whom you supervise directly or indirectly. Indicate number of employees in each classification.

|  |  |  |
| --- | --- | --- |
| DIRECTLY |  | INDIRECTLY |
| Classification | No. |  | Classification | No. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**8. KNOWLEDGE /ABILITIES**

List the specific areas of knowledge and abilities that a person must possess to successfully perform your job. Some of the areas of knowledge to consider are laws, regulations, codes, technical aspects, policies, procedures, practices, terminology, software applications, equipment operation, materials, or subject matter. Some of the areas of abilities to consider are abilities to perform certain functions, plan, create, explain, develop, prepare, maintain, repair, operate, administer, coordinate, and review.

|  |
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|  |

**9. EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS**

Indicate the qualifications and requirements for successful performance which should be required in filling a future vacancy in your classification. Describe what you believe is necessary for proper performance, not necessarily your own qualifications. Indicate your reasons for selecting these requirements.

Education: Please mark an “X” for the level of education required for this classification.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Less Than High School Graduation |  | Graduation from High School/ GED |  | Some College-Level Coursework |  |
| Two Years College-Level Coursework /Associate’s Degree |  | Bachelor’s Degree |  | Master’s Degree |  |

Experience: Please mark an “X” for the level of experience required for this classification.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Less Than 1 Yr |  | 1-2 Yrs |  | 3-4 Yrs |  | 5 Yrs |  | 6+/Other (please indicate # of years) |  |

Licenses, Certifications, Permits, Credentials or Specialized Training (list whether it is required by the organization, State or professional standard)

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|  |

**10. WORKING CONDITIONS**

In order to comply with American’s with Disabilities (ADA) regulations related to working conditions and physical requirements, please complete the following sections.

**Work Environment:** What is the work environment or location in which you perform your duties? Please mark an “X” for the working conditions associated with this classification.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primarily Office |  | Primarily Indoor |  | Primarily Outdoor |  |
| Indoor/Outdoor Split |  | Constant Interruptions |  | Adverse or Seasonal Weather |  |
| Constant Interruptions |  | Noise (Equipment Operation) |  | Fumes/Dust/Odors |  |
| Evening/Variable Hours |  | Remain On-Call |  | Driving a Vehicle For Work |  |
| Other/Comments: |  |

**Physical Requirements:** If a physical ability applies, please list a specific task which requires this ability. Please leave blank if the physical ability does not apply.

*In the Frequency box, please use: A = Rarely (once or twice a year), B = Occasionally (monthly), C = Frequently (weekly), D = Daily (1 to 4 hours), E = Daily (5+ hours)*

| **Physical Ability** | **Specific task(s) that require this ability** | **Frequency** |
| --- | --- | --- |
| Example:  *Climbing* | *Ladders and scaffold to paint buildings and other facilities* | *C* |
| Climbing |  |  |
| Standing for extended periods of time |  |  |
| Sitting for extended periods of time |  |  |
| Lifting and carrying  | (please indicate the specific weight of the heaviest item you are required to lift) |  |
| Pushing or pulling |  |  |
| Walking for extended periods of time |  |  |
| Walking over rough or uneven surfaces |  |  |
| Reaching overhead & above shoulders |  |  |
| Repetitive hand/body motions |  |  |
| Utilize hand or power tools |  |  |
| Bending, kneeling or crouching |  |  |
| Other (please be specific) |  |  |

**Hazards:** Please list hazardous or unpleasant working conditions in your job

|  |  |  |
| --- | --- | --- |
| **Hazards** | **Conditions under which hazard exists** | **Frequency** |
| Chemicals |  |  |
| Working around and with machinery having moving parts |  |  |
| Working at heights |  |  |
| Dissatisfied (hostile) or abusive individuals |  |  |
| Extreme weather conditions |  |  |
| Blood/Bodily Fluids |  |  |
| Other |  |  |

**11. OTHER FACTORS**

If you wish to present additional information about your job, use this space; additional sheets may be attached if needed.

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| --- |
|  |

I HAVE READ THE INSTRUCTIONS AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE THE INFORMATION PRESENTED HERE IS ACCURATE AND COMPLETE.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Employee |  | Date |  |
| Work Telephone Number (including extension) |  |

If this is a group Questionnaire, please use the space below for additional signatures.

|  |
| --- |
|  |

**SUPERVISOR'S REVIEW**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does this questionnaire accurately reflect the duties of the employee? | Yes |  | No |  |

If no, please explain your concerns, making reference to the numbered item in the questionnaire. (Please do not change information in the questionnaire).

|  |
| --- |
|  |

Comment on your support or disagreement with any suggested classification or title change that this employee provided on Page 1.

|  |
| --- |
|  |

Please provide minimum qualifications of education and experience necessary to perform the responsibilities of this classification.

|  |
| --- |
|  |

Please indicate the degree of independence/autonomy necessary to perform the responsibilities of this classification (i.e. works under close supervision, works independently with little direction, is not assigned decision-making responsibilities, etc.)

|  |
| --- |
|  |

Other Supervisor comments. We strongly encourage and appreciate any further information and input you would provide.

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| --- |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you discussed your concerns with the employee? | Yes |  | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Supervisor |  | Date |  |
| Title |  |
| Work Telephone Number (including extension) |  |
| Work E-Mail |  |