ACPS Job Information

Employee Section

Items 1 through 14 are to be completed by the employee or by a group of employees holding the same job.

1. **Identifying Information**

Name:	
Official Title:	
Working Title if Different:	
How long have you held this position?	
Department:	
Division/Section/Unit:	
Work Address:	
Work Phone:	

Do you regularly work:		Regular work hours:
☐ Full Time	☐ Part Time	From: To:
Days?	☐ Yes	
Evening Shift?	☐ Yes	
Night Shift?	☐ Yes	Official Length of meal period:
Name of Immediate Supervisor:		
Title:		
Others to whom you report or from whom you receive assignments:		
Name		Title

2. **Job Summary** Describe the main purpose of your job in one or two sentences.

3. **Job Duties** List and number your duties in the space below. Group related duties into a single sentence or paragraph.

Attach additional sheets if needed. Indicate the amount of time you spend on each duty as a percent of your normal work schedule. When added together, the percentages for **REGULAR** and **OCCASIONAL** should add up to 100%.

REGULAR DUTIES: List duties you perform daily, weekly or monthly.

Duty Number	% of Time	

OCCASIONAL DUTIES: List duties you perform occasionally such as special projects or work performed at certain times of the year (e.g., seasonally, quarterly or annually.)

Duty Number	% of Time	
Total	100%	

List any EQUIPMENT, SOFTWARE, INSTRUMENTS, TOOLS, VEHICLES that you use in your work and give the hours per day, week or month that each is used.

4.

Equipment, Software, Etc.	Amt of Time Per Day/Wk/Mo	Equipment, Software, Etc.	Amt of Time Per Day/Wk/Mo
Which of the above requires the **MOST SKILL?**			
HOW LONG does it take to become proficient in the equipment, software, etc. that takes the **MOST SKILL?**			

5. What kind of **EDUCATION (**e.g., degree**), TRAINING (**e.g., certifications**), EXPERIENCE (**e.g., types and years to proficiency**)** is needed to do your job?

6. List persons inside and outside of the organization that you regularly **CONTACT** in your work. Include contact in person, by phone, radio or TV.

Persons Contacted	Purpose	How Often?

Are the people you contact generally?

Friendly and cooperative?	☐	Unfriendly and uncooperative?	☐
Emotionally upset?	☐	Physically ill or injured?	
Hostile or threatening?	☐	Representatives of the media?	☐
			☐

Please explain:

7. **RESOURCES:** Describe your responsibility for the efficient and economical use of financial, informational, or physical resources:

Financial (E.g., do you recommend or approve expenditures, prepare and administer budgets, collect or safeguard cash?) ☐ No ☐ Yes If yes, please explain:

Informational (E.g., do you process, ensure the accuracy of, control the use of, or safeguard, data or information?) ☐ No ☐ Yes If yes, please explain:

Physical (E.g., do you clean, operate, maintain, repair, construct, store, or safeguard equipment, facilities or supplies?) ☐ No ☐ Yes If yes, please explain:

8. **DECISIONS YOU MAKE & ACTIONS YOU TAKE** Give examples of the kind of decisions you make and the actions you take in your job.

9. **WORK ENVIRONMENT** Where is most of your work performed? (E.g., office, shop, field, driving a vehicle.)

What are the unpleasant or disagreeable aspects of your work environment? Please indicate how often you are exposed to them.

Unpleasant or Disagreeable Aspects of Work Environment	How often Exposed?

10. **HAZARDS**

List the hazards on your job and indicate how often you are exposed to them?

No significant hazards ☐

Hazards	How often Exposed?

11. **PHYSICAL EFFORT** Is your job mostly sedentary (i.e., mostly sitting with some walking, standing, bending or stooping and carrying of light objects?) ☐ Yes ☐ No

If no, describe the type of physical activities required in your job and indicate how often you are required to perform them.

Check if you use a keyboard in your work and indicate the amount of time per day or week that you use a keyboard:

Keyboard used ☐ Amount of time per day or week_____

Type of Physical Effort Required	How often Performed?

12. **UNUSUAL DEMANDS** Describe any unusual demands in your job such as frequent interruptions, pressure of deadlines, requirement to attend evening or weekend events, extensive overnight travel, subject to call back in emergencies.

Describe Unusual Demand	How often?

13. Do you **SUPERVISE** other employees? ☐ No ☐ Yes

If yes, list the names and titles of persons who report directly to you. Then list the titles and numbers of positions that report to you through a subordinate supervisor (**i.e., indirectly**.)

Supervise Directly		Supervise Indirectly	
Name of Employee	Title	Title of Other Employees	Number of Supervised Indirectly

Total number of employees supervised directly: _____ Indirectly: _____

What percent of your time is spent supervising employees? _____

13 a. Do you serve as a **TEAM LEADER**? ☐ No ☐ Yes

If yes, please explain:

_____

_____

13 b. Do you **TRAIN** other employees in their duties? ☐ No ☐ Yes

If yes, please explain:

_____

_____

14. **SIGNATURE AND ADDITIONAL COMMENTS**

Additional Comments: _____

_____

_____

I certify that the information submitted on this form is accurate and complete to the best of my knowledge.

Employee Signature: _____ Date: ____/____/____

AFTER YOU HAVE COMPLETED ITEMS 1 THROUGH 14, GIVE THIS QUESTIONNAIRE TO YOUR IMMEDIATE SUPERVISOR. YOUR IMMEDIATE SUPERVISOR MAY NOT CHANGE OR ALTER ANY OF YOUR ANSWERS

SUPERVISOR'S SECTION: The following items (15 through 23) are to be completed by the immediate supervisor. You may not change or alter any of the employee's responses, but you are asked in item 23 to note any discrepancies or disagreements you might have. If you supervise more than one employee in the same title doing identical work, you may photocopy your responses and attach it to the other questionnaires.

15. **ESSENTIAL JOB FUNCTIONS** Refer to the duties reported in **ITEM 3** and list **IN ORDER OF IMPORTANCE** those that you consider to be **ESSENTIAL FUNCTIONS** of the position. **ESSENTIAL FUNCTIONS** cannot reasonably be assigned to another position, put off or left undone. You may explain your decisions in the space below:

	Order of Importance	Duty Number
	1	
	2	
	3	
	4	
	5	

16. What is the most important **PRODUCT, OUTPUT OR SERVICE** of this position? Please Explain?

17. What are the most important **DECISIONS OR ACTIONS** that this employee makes? Are those **DECISIONS OR ACTIONS** made **INDEPENDENTLY** or **SHARED WITH OTHERS**?

18. Does this position have **AUTHORITY** to commit the organization or any unit thereof to a course of action? Please explain.

19. What matters does this position normally **REFER TO YOU** to handle or to approve before acting?

20. Complete this item **ONLY IF THE POSITION SUPERVISES OR LEADS** other workers.

	Does this position have authority to?	No	Yes Recommends	Yes Decides
1	Assign work to others?	☐	☐	☐
2	Approve work for others?	☐	☐	☐
3	Hire employees?	☐	☐	☐
4	Transfer or reassign employees?	☐	☐	☐
5	Appraise employee performance?	☐	☐	☐
6	Resolve grievances?	☐	☐	☐
7	Discipline employees?	☐	☐	☐

21. State below your best judgment of the kind and amount of **EDUCATION, TRAINING AND EXPERIENCE** a new employee should have upon entering into this position.

Education and Training:

Experience:

Licenses, Certificates or Registration:

Other:

How long does it take a new employee with the above education, training and experience to become proficient in the duties of the position?

22. What other employees under your supervision work at the **SAME LEVEL OF RESPONSIBILITY** as this position?

Name	Title

23. **SUPERVISOR'S COMMENTS AND CERTIFICATION**

Note any disagreement with or discrepancies in the employee's responses below:

Item Number	Comment

Additional Comments:

I CERTIFY that the responses to this questionnaire as qualified above are accurate and complete to the best of my knowledge.

Signature: _____ **Date:** ____/____/____

24. **ADMINISTRATIVE REVIEW AND COMMENTS**

This questionnaire has been reviewed for accuracy and completeness.

Signature: _____ **Date:** ____/____/____