

POSITION INFORMATION QUESTIONNAIRE

FOR OFFICE USE ONLY			
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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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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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4. CONTACT WITH OTHERS

With what organizations, agencies or authorities outside the organization do you come in contact (if any) during the normal course of 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.

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	<input type="checkbox"/>	Development	<input type="checkbox"/>	Recommend Purchases	<input type="checkbox"/>	Authorize Expenditures	<input type="checkbox"/>
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7. SUPERVISION

A. Supervisory Responsibilities

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

DIRECT SUPERVISION	
Performance Appraisals	<input type="checkbox"/>
Plan/Conduct Professional Development	<input type="checkbox"/>
Interview/Selection of Staff	<input type="checkbox"/>
Personnel Action <u>Recommendations</u> (salary increases/promotion/transfers/discipline/reassignment etc)	<input type="checkbox"/>
Personnel Action <u>Determinations</u> (salary increases/promotion/transfers/discipline/ reassignment etc.)	<input type="checkbox"/>

INDIRECT SUPERVISION	
Lead and Provide Work Direction	<input type="checkbox"/>
Assign/Review/Monitor Work Assignments	<input type="checkbox"/>
Provide Input During Evaluations	<input type="checkbox"/>

B. Subordinates (if applicable)

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

DIRECTLY	
Classification	No.

INDIRECTLY	
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)	
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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		Driving a Vehicle For Work		Adverse or Seasonal Weather	
Constant Interruptions		Noise (Equipment Operation)		Fumes/Dust/Odors	
Evening/Variable Hours		Remain On-Call			
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: <i>Climbing</i>	<i>Ladders and scaffold to paint buildings and other facilities</i>	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 <u>required</u> 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.

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	
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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.

Have you discussed your concerns with the employee?	Yes		No	
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Signature of Supervisor		Date	
Title			
Work Telephone Number (including extension)			
Work E-Mail			