

INSTRUCTIONS AND SUGGESTIONS FOR FILLING OUT THE CLASSIFICATION QUESTIONNAIRE

What the classification survey is:

This survey is being conducted in order to examine the duties and responsibilities of positions in _____ and to prepare a classification plan. This classification plan will consist of grouping together all positions that have the same or nearly the same, duties, responsibilities, skills and abilities. Such standard groups or classes of positions will then be described. The work requirements and responsibilities of each class of positions will be carefully expressed, and the minimum qualifications needed by applicants to fill each position in the class will be defined.

Filling out the questionnaire :

You are the best person to present the most complete and accurate information about your job. Great care should be used in filling out this questionnaire so that those persons studying it can obtain a clear and complete understanding of your job. An interviewer from the classification survey staff may call on you at a later date to discuss your work with you.

Remember that the questions asked are about your job and not about you as an individual. This survey is not concerned with how well you perform your work or how well qualified you are. Your own statement of your work is wanted--not the ideas of others about your work. Use your own words in describing your position. Describe the duties of your position only, not the function of your unit or department. Avoid using such generic, nonspecific words as prepares, creates, develops, determines, processes, etc. These words do not fully describe the actual process of a task or duty.

Additionally, take some time to think about the structure of your unit or division. Identify who is your immediate supervisor and those who you immediately supervise. This will assist you in answering some of the questions on the questionnaire.

Upon completion of the questionnaire, retain a copy for your records, if you so desire, then forward the original, completed, signed questionnaire to your immediate supervisor. The information prepared and provided by you will not be altered in any fashion by your supervisors. Your immediate supervisor will complete the questionnaire and forward it to the department or division head for further comment. Once both your immediate supervisor and the department or division head have finalized the questionnaires, they will be forwarded to the survey team.

DATE ISSUED: _____
DEADLINE FOR EMPLOYEE COMPLETION: _____
DEADLINE FOR IMMEDIATE SUPERVISOR REVIEW: _____
DEADLINE FOR DEPARTMENT/DIVISION HEAD REVIEW: _____
AND QUESTIONNAIRE RETURN TO SURVEY TEAM: _____

INSTRUCTIONS TO THE IMMEDIATE SUPERVISOR FOR THE COMPLETION OF THE EMPLOYEES JOB QUESTIONNAIRE

Method for distributing and reviewing the classification Questionnaires by the immediate superior:

Employees who have not yet received a questionnaire shall obtain one from their immediate superior. Each employee shall fill out a questionnaire for their job and present the completed questionnaire to their immediate superior for review and comments. Employee and supervisor should exercise care in the complete and accurate recording of information. Any comments on Part III of the Job Classification Questionnaire will be made only by the immediate supervisor who has direct responsibility over the subordinate's work. Further analysis will be made when there is a substantial disagreement between the employee's description of duties and the supervisor's perceptions of the position and duties performed.

Supervisors will also complete a questionnaire for any recently vacated or currently vacant position.

Method for reviewing the classification questionnaire by agency heads:

In order for an accurate classification to take place, please do not alter or change the employees or supervisors statements. However, it is required that you comment on the accuracy of the statements made by your subordinates. Moreover, include your opinion on whether it is a good description of the position or if any important details have been omitted. Inform us if there is an inaccurate perception of a position, or if the duties of the position have been misstated. Include a general evaluation and refer to any specific items of concern.

The classification survey team will review all of the questionnaires to determine and correct any discrepancies that may arise.

JOB CLASSIFICATION QUESTIONNAIRE

Please type or print

PART I

1. Name _____
2. Social Security Number _____
3. Civil Service Title _____
4. Agency or Department _____
5. Unit or Division _____
6. Work Location (Building, Room Number, etc.) _____
7. How many hours per week do you normally work? (Do not include overtime)
_____ per week
8. What are your normal work hours? _____AM/PM to _____AM/PM
9. What is your salary? \$_____ hourly, or _____ annually.
10. How long have you worked in your current title?
_____ Years _____ Months

Part II

1. Description of Duties

Please describe fully the work you do. List all the major duties and responsibilities of your job. Also, give your best estimate of the percent of time spent performing each duty or responsibility. Attach additional pages as necessary.

<u>% of Time</u>	<u>Duties and Responsibilities</u>
_____	a. _____ _____ _____
_____	b. _____ _____ _____
_____	c. _____ _____ _____
_____	d. _____ _____ _____
_____	e. _____ _____ _____
_____	f. _____ _____ _____
_____	g. _____ _____ _____

2. Describe your use of machines, tools and equipment

% of Time

List examples of machines, tools and equipment you use
(attach additional pages as necessary)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Supervisory responsibility

- A. What level below best describes your supervisory responsibility?
(Circle one)
- a) I do not supervise.
 - b) I am the lead worker in my unit.
 - c) I supervise a single unit of employees.
 - d) I supervise two or more units, each unit having an individual supervisor.
 - e) I supervise a major division of an agency or department.
 - f) I supervise an entire agency or department.
 - g) I supervise more than one agency or department.

B. If applicable, please list the names and titles of employees you directly supervise. **That is, all employees for which you are the immediate supervisor.** This includes only those employees who report to you for work assignments and whose work performance you review and evaluate.

<u>NAME</u>	<u>TITLE</u>
_____	_____
_____	_____
_____	_____
_____	_____

C. What is the total number of employees for whom you are responsible, either directly or indirectly, through supervisors reporting to you? _____

D. Name of your **immediate** supervisor: _____

4. Minimum qualifications

Education

1. What do you think should be the education requirement for your job?
(Circle one)

- a) Requires no specific formal education.
- b) Requires a high school or general equivalency diploma (GED) or completion of an equivalent technical/vocational program.
- c) Requires college study or post high school education.
If so, how many years (circle one)? 1 2 3 4 5
- d) Requires a masters degree (M.S., M.A., M.B.A., M.P.A., etc.)
- e) Requires an advanced graduate degree (Ph.d., Psy.d., Ed.d., M.D., D.D.S., etc.)

2. What field of study or vocational/technical specialization, if any, is required for your job? _____

3. What, if any, special license or certification is required? _____

Experience

How much previous work experience do you think is necessary to perform your job? Please indicate the amount and type of experience needed.

5. Additional information about your job

Is there anything about your job that has not been covered in this questionnaire? Use the space below to tell us anything else you feel we should know about your job. Remember, we will be using the information from this questionnaire to better classify your position. Please be sure you have given us a complete description of your duties and responsibilities. Attach additional pages as necessary.

Employee's Signature _____

Date _____

Part III

Part III is to be answered by the immediate supervisor and department head.

Immediate Supervisors Comments

Please review the responses provided in this questionnaire as they relate to the duties and responsibilities of the position. If you have any comments or additions to the information provided, please feel free to indicate them below. **Do not change or alter any of the statements made by the employee.** Attach additional pages as necessary.

Immediate Supervisors Signature _____ Date _____

Title _____

Department / Division Head's Comments

Please comment on the above statements of both the employee and the employee's immediate supervisor as they relate to the duties and responsibilities of the position. Also, please verify and correct, if necessary, the information provided by the employee in questions 3, 4, and 5 on page one. Attach additional pages as necessary.

Department / Division Head's Signature _____

Title _____

Date _____