

## POSITION CLASSIFICATION QUESTIONNAIRE

Position No./Item No. \_\_\_\_\_

Class Code \_\_\_\_\_

<p>1. Mr. <input type="checkbox"/>      Last Name    First    Middle Initial          Mrs. <input type="checkbox"/>          Miss <input type="checkbox"/></p>	<p>4. Agency/Institution</p>																											
<p>2. Official Title of Position</p>	<p>5. Division or College</p>																											
<p>Usual Working Title of Position</p>	<p>6. Section or Other Unit of Division or College</p>																											
<p>3. Regular Schedule of Hours of Work</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">From</td> <td style="width: 15%; text-align: center;">To</td> <td style="width: 55%;"></td> </tr> <tr> <td>Mon</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td rowspan="5" style="vertical-align: top;">                 Total Hrs. per Wk.                  Explain rotation of shifts, if any:             </td> </tr> <tr> <td>Tues.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Wed.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Thurs.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Fri.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Sat.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td rowspan="2" style="vertical-align: top;">                 Hrs. of "On-Call Time per Wk.             </td> </tr> <tr> <td>Sun.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		From	To		Mon	_____	_____	Total Hrs. per Wk. Explain rotation of shifts, if any:	Tues.	_____	_____	Wed.	_____	_____	Thurs.	_____	_____	Fri.	_____	_____	Sat.	_____	_____	Hrs. of "On-Call Time per Wk.	Sun.	_____	_____	<p>7. Place of Work or Headquarters (Room No. &amp; Bldg. Name)</p>
	From	To																										
Mon	_____	_____	Total Hrs. per Wk. Explain rotation of shifts, if any:																									
Tues.	_____	_____																										
Wed.	_____	_____																										
Thurs.	_____	_____																										
Fri.	_____	_____																										
Sat.	_____	_____	Hrs. of "On-Call Time per Wk.																									
Sun.	_____	_____																										
<p>8. Is your work <input type="checkbox"/> Full-Time? <input type="checkbox"/> Part-Time? <input type="checkbox"/> Year-round?  <input type="checkbox"/> Seasonal? <input type="checkbox"/> Temporary?                  If work is seasonal, temporary, or part-time, indicate part of year or proportion of full time:</p>																												
<p>9. Do you receive any maintenance (room, meals, laundry, etc.) in addition to your cash salary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																												

10. Describe below in detail the work you do. Use your own words, and make your description so clear that persons unfamiliar with your work can understand what you do. Attach additional sheets if necessary.

<b>% TIME</b>	<b>WORK PERFORMED</b>	<b>LEAVE BLANK</b>
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11. Name and Title of Your Immediate Supervisor

12. Give the names and payroll titles of employees you supervise, if five or fewer. If you supervise more than five employees, give the number under each title. If you supervise no employees, write "none."

13. Machines or equipment used regularly in your work. Give percent of time spent in operation of each.			
	%		%
	%		%
	%		%

14. What are the nature and extent of instructions you receive regarding your work?

15. What are the nature and extent of the check or review of your work?

16. Describe your contacts with departments other than your own, with outside organizations and with the general public.

Certification: I certify that the above answers are my own and are accurate and complete.  
 Date \_\_\_\_\_ Employee's Signature \_\_\_\_\_

**STATEMENT OF GENERAL SUPERVISOR**

17. Comment on statements of employee. Indicate any exceptions or additions.

18. What do you consider the most important duties of this position?

19. Does this position involve typing? <input type="checkbox"/> No <input type="checkbox"/> Yes – Give % of time spent in typing:      %	20. Does this position involve shorthand? <input type="checkbox"/> No <input type="checkbox"/> Yes – Give % of time spent in taking shorthand:      %
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Date \_\_\_\_\_ General Supervisor's Signature \_\_\_\_\_

**STATEMENT OF AGENCY DIRECTOR / INSTITUTION HEAD OR DESIGNATED REPRESENTATIVE**

21. Indicate the qualifications, which you think, should be required in filling a future vacancy in the position. Keep the position itself in mind rather than the qualifications of the individual who now occupies it.

	Basic Qualifications	Additional Desirable Qualifications
Education, general:		
Education, special or professional:		
Education, special or professional:		
Experience, length in years and kind:		
Licenses, certificates, or registration:		
Special knowledge, abilities and skills:		
Age, sex, physical requirements or other factors:		

22. Comment on the above statements of the employee and the supervisor. Indicate any inaccuracies or statement with which you disagree.

Date \_\_\_\_\_ Agency Director's / Institution Head's Signature \_\_\_\_\_