

DO NOT USE THIS SPACE

Classification _____
Civil Service Status _____
FLSA Status _____

POSITION ANALYSIS QUESTIONNAIRE

INSTRUCTIONS:

Please read all of the items in this position analysis questionnaire before answering any of the questions. Make certain that all answers are as thorough and complete as possible. If there is not enough space for any particular answer, please feel free to attach additional pages. Answer all questions and write legibly or type.

You are the best source of information regarding your job. You have an awareness of the duties, responsibilities, and job tasks that are required. Utilize your own wording and do not copy information from any other employees, even if you perform similar duties.

SECTION A (TO BE COMPLETED BY EMPLOYEE):

(Please print or type)

NAME _____ OFFICE/DEPT _____

UNIT/DIV _____ WORK TITLE _____

STATUS _____ Full-Time _____ Seasonal
 _____ Part-Time _____ Other

LENGTH OF SERVICE _____ TIME IN PRESENT POSITION _____

1. EXACT WORK LOCATION

Street Address _____

2. IMMEDIATE SUPERVISOR

Name _____ Title _____

3. WORK SCHEDULE (INDICATE YOUR HOURS OF WORK)

- a. Week days: From _____ To _____ b. Saturdays: From _____ To _____
c. Sundays: From _____ To _____ d. Total regular working hours per week: _____
e. Explain rotating shift and any amount of regular overtime: _____
f. Are you required to carry a cell phone? _____ Yes _____ No

4. **INHERENTLY HAZARDOUS WORKING CONDITIONS**

a. Check any of the following that apply to your position:

Works in the vicinity of floor or wall openings, elevated platforms, and/or runways.

Ascends and/or descends ladders, stairs, or scaffolds.

Works in a confined space (e.g., manhole).

Works in the vicinity of dockboards (bridge plates).

Works in an area in which the means of egress is or can be obstructed.

Works on and around powered platforms and/or vehicle mounted platforms (e.g., manlifts, fire trucks).

Is exposed to environmental conditions which may result in injury from fumes, odors, dusts, mists, gases, and/or poorly ventilated work areas.

Is exposed to possible injury from extremely noisy conditions above 85db; if so, list sources:

Is exposed to possible injury from radiation.

Is exposed to possible injury from hazardous gases, chemicals, flammables, or air contaminants.

Is exposed to possible injury from hazardous waste.

Is exposed to possible injury due to unclean or unsanitary conditions.

Is exposed to possible injury as a result of electrical shock.

Is exposed to possible injury as a result of working with moving mechanical parts of equipment or machines; if so, list sources:

Is exposed to possible injury from explosions.

Is exposed to possible injury as a result of falling from high places.

Uses or works in proximity to the use of firearms.

Works in or around crowds.

Has contact with potentially violent or emotionally distraught persons.

Has exposure to potentially vicious animals.

Has exposure to life threatening situations.

Has exposure to fire.

Has exposure to hot, cold, wet, humid, or windy weather conditions.

Has exposure to extreme non-weather related heat or cold.

Has exposure to hazardous driving conditions.

Works second shift – third shift _____

Works rotating shift.

Has exposure to shaking objects or surfaces.

Has exposure to second-hand smoke.

5. PHYSICAL DEMANDS

- a. 1. How much time are you required to stand during the performance of your work duties? _____%
- 2. How much time are you required to walk during the performance of your work duties? _____%
- 3. How much time are you required to sit during the performance of your work duties? _____%

b. Check any of the following statement(s) below which describe the required physical demands in performing the essential functions of your position. For any checked statement, specify the amount of weight of the object as well as the actual object you handle or carry when performing the physical demands.

- 1. Lifting (raising or lowering an object from one level to another)
 - Object(s) and approximate weight _____ lbs
 - _____ lbs
 - _____ lbs
 - _____ lbs

- 2. Carrying (transporting an object, usually holding it in the hands or arms or on the shoulder)
 - Object(s) and approximate weight _____ lbs
 - _____ lbs
 - _____ lbs
 - _____ lbs

3. Pushing (exerting force upon an object so that the object moves away from the force, including slapping, striking, kicking, etc.)

Object(s) and approximate weight _____ lbs
_____ lbs
_____ lbs
_____ lbs

4. Pulling (exerting force upon an object so that the object moves toward the force)

Object(s) and approximate weight _____ lbs
_____ lbs
_____ lbs
_____ lbs

6. **EQUIPMENT/TOOLS/MACHINERY OPERATED (LIST ANY EQUIPMENT WHICH YOU REGULARLY OPERATE OR USE DURING YOUR WORK)**

a.	<u>Type of Equipment</u>	<u>Operations Performed</u>	<u>Frequency of Use</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

b. Type/Version of Computer Software
List any computer software you utilize in the performance of your job (e.g., Excel 7.0, WordPerfect 6.0, etc.) and the purpose for which it is used.

7. **SUPERVISION EXERCISED** (CHECK IF NONE) If you checked this box, go on to Question #8.

a.	<u>Classification(s) Supervised</u>	<u>Number of Employees In Classification</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Approximate % of time spent actively supervising employees _____%

b. If you indicated that you supervise subordinates in Question #7, please complete the following section. The following information will assist in determining each position's confidential, supervisory, and/or management level authority. Please check the appropriate line to indicate whether the following statements apply to your position.

		Yes	No
1.	Do you schedule employee work tasks?	_____	_____
2.	Do you assign tasks (work) to employees?	_____	_____
3.	Do you interview job applicants?	_____	_____
4.	Do you recommend hiring of job applicants?	_____	_____
5.	Are the applicants whom you have recommended usually hired?	_____	_____
6.	Are you authorized to recommend discipline?	_____	_____
7.	Are your discipline recommendations usually followed?	_____	_____
8.	Do you adjust the pay assignments of your employees?	_____	_____
9.	Do you recommend pay assignments?	_____	_____
10.	Do you evaluate the performance of your employees?	_____	_____
11.	Do you receive grievances or employee complaints?	_____	_____
	Are you authorized to adjust them?	_____	_____
12.	Do you approve leave requests from your employees?	_____	_____
13.	Do you recommend the approval of such leaves?	_____	_____
14.	Are your leave recommendations usually followed?	_____	_____
15.	Do you attend or otherwise participate in meetings in which policy questions are reviewed or discussed?	_____	_____
16.	Do you assist with the development of policy?	_____	_____
17.	Do you recommend policy changes?	_____	_____
18.	Are your policy recommendations usually followed?	_____	_____

		Yes	No
<u>Involvement In Personnel Or Labor Contract Administration</u>			
1.	Do you participate in personnel or labor relations activities?	_____	_____
2.	Do you have access to other employees' personnel files?	_____	_____
3.	Are you a member of management's collective bargaining negotiating team?	_____	_____
4.	Do you prepare or type documents to be used solely in collective bargaining?	_____	_____
5.	Do you have unlimited access to financial data used in the payroll and benefit budgeting process?	_____	_____
6.	Do you have access to financial data used in monitoring organization revenue/income?	_____	_____

8. DUTIES AND RESPONSIBILITIES

List and describe your job duties and responsibilities, beginning with the most important and ending with the least important. Estimate the percentage of time spent on each task or responsibility; remember that the most important duty or responsibility may not necessarily take the most time. Your percentages should total 100.

Next to each rank listing of duties and responsibilities, please indicate whether the duty or responsibility is an "essential function" or a "non-essential function" of the position.

Essential Functions (E) are those duties of a position that are considered fundamental or primary in importance.

Non-Essential Functions (N) are those duties of a position that are considered secondary or marginal in importance.

Rank	%	Tasks (To Be Completed By Employee)	(E) Or (N)
Total	100%	Use Extra Sheet Of Paper If Additional Space Is Needed. Please Sign Extra Sheet And Staple To Page 6.	

12. **INVOLVEMENT IN POLICIES**

(Check whichever statements are appropriate)

- Do you: _____ follow policy?
_____ develop or participate in the development of unit policy?
_____ interpret policy?
_____ enforce policy?
_____ develop or participate in the development of agency-wide policy?

13. **SKILLS, KNOWLEDGES, AND ABILITIES**

What specific knowledge, skills, or abilities are required to perform the duties and responsibilities of this position? (List specific coursework, training, and/or experience that would permit an individual to fill this or a similar position, e.g., knowledge of accounting, finance, office administration, etc.; skill in painting, carpentry, etc.; ability to add, subtract, multiply, and divide; interpret instructions; communicate effectively; etc.).

14. **PREVIOUS EXPERIENCE REQUIRED**

Utilizing the scale below, check the appropriate level of experience a newly hired individual would need to perform the essential functions of your position:

- less than 1 month
- over 1 month up to and including 3 months
- over 3 months up to and including 6 months
- over 6 months up to and including 1 year
- over 1 year up to and including 2 years
- over 2 years up to and including 4 years
- over 4 years up to and including 10 years
- over 10 years

15. **PERSONAL EXPERIENCE**

How many years of job-related experience do you personally have? _____

16. EDUCATIONAL REQUIREMENTS

Utilizing the scale below, check the appropriate level of experience a newly hired individual would need to perform the essential functions of your position:

- completion of elementary school (8th school grade)
- completion of high school (12th school grade) or possession of a GED certificate
- completion of trade or vocational school (12th school grade)
- possession of an Associate Degree
- possession of a Bachelor Degree
- possession of a Masters Degree
- possession of a Doctoral Degree
- other _____

17. LICENSURE

What licenses, registrations, or certifications are required for this position?

<u>License</u>	<u>Name Of Issuing Agency Or Entity</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18. COMMENTS

Please include any other information that will aid in understanding the duties and responsibilities of your position.

19. CERTIFICATION

I certify that the above answers are accurate and complete.

Employee's Signature

Date

SECTION B (TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR):

INSTRUCTIONS

Carefully review the responses that have been provided by the employee to ensure that it is both accurate and complete. Your review and certification indicates that you agree with the information that the employee has provided. **DO NOT CHANGE OR MODIFY ANY INFORMATION THAT THE EMPLOYEE HAS PROVIDED IN SECTION A. PLEASE NOTE THAT THIS DOCUMENT IS NOT INTENDED TO BE AN ASSESSMENT OR EVALUATION OF THE PERFORMANCE OF ANY EMPLOYEE. THIS DOCUMENT WILL BE UTILIZED TO ANALYZE THE DUTIES OF THE POSITION.**

Complete this section for each employee under your supervision. If you have more than one position under your supervision with identical duties and responsibilities, please attach these questionnaires together. Use an extra sheet of paper if additional space is required. Please print your responses.

- 1. List the names of the employees for which the information below applies:**

- 2. Indicate in what respects, if any, the information provided by the above employees insufficiently or inaccurately describes the positions in question. Identify comments by name of employee and question number.**

- 3. Supervision provided to this position (check one).**

- Close and continuous supervision
 General supervision
 Direction
 General direction
 Administrative (policy) direction

Indicate # of positions supervised by employee: _____

Do you agree with the names listed by the employee?

Yes No

4. Do you agree with the employee's responses in questions #14 and 15? Please explain.

5. Average time following hire that it takes a new employee to reach acceptable levels of performance in the position:

Minimum: _____ Years _____ Months

Maximum: _____ Years _____ Months

6. Do you agree with the Knowledge, Skills and Abilities listed by the employee? (see question #13)

_____ Yes _____ No

What additional Knowledge, Skills, and Abilities are needed for the position?

7. Supervisor and agency head signatures

I certify that the above information on the position(s) covered by this questionnaire is accurate and complete and that all extra answer sheets are attached hereto.

Signature and Title of Immediate Supervisor

Date

Signature and Title of Agency Head or Designee

Date