

## Position Classification Questionnaire

Date: \_\_\_\_\_ Business Area: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Position/Line Item Number: \_\_\_\_\_  
Class Code: \_\_\_\_\_ Grade: \_\_\_\_\_  
Department/College: \_\_\_\_\_ City/County: \_\_\_\_\_  
Incumbent's Name: \_\_\_\_\_ Number of Years in Job: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Prepared By: \_\_\_\_\_

### **PURPOSE OF JOB**

What is the purpose of the job?

### **JOB DUTIES**

List 5 to 10 primary job duties in order of importance, their frequency of occurrence and the percentage of time used to complete each duty. (Example: 1. Pay bills, weekly, 40%) DO NOT use acronyms or abbreviations.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**SUPERVISORY RESPONSIBILITIES**

Supervisory employee means any individual having:

*Authority to hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward, conduct performance evaluation or discipline other employees of a state agency / institution.*

Does this job have supervisory responsibilities?       Yes       No

*If this job does NOT have Supervisory responsibilities, skip this section*

What are the names of the departments/division/colleges supervised by this job?

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Are there subordinate supervisors reporting to this job?       Yes       No

How many subordinate supervisors report to this job? \_\_\_\_\_

List the Class Code, Title, Grade, Location and Number of each employee that is directly supervised by this position.

	<u>Class Code</u>	<u>Title</u>	<u>Grade</u>	<u>Location</u>	<u># of Positions</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

How many employees, in total, report to the subordinate supervisors? \_\_\_\_\_

List all tools and equipment necessary to complete the tasks associated with your job.

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**CONTACTS**

What other state employees do you interact with during a typical workday?

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Who, outside of state government do you have contact with on a daily basis?

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**FISCAL RESPONSIBILITY**

What are your fiscal responsibilities with your position? Are you charged with managing a budget, employee salaries, etc?

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**EDUCATION**

What type of education should be required to perform your job? \_\_\_\_\_

List required degrees, professional licenses or certificates:

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**OTHER SKILLS AND ABILITIES** (Example: Computer skills, Communication skills, Organizational Skills, etc.)

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**EXPERIENCE**

How much similar or related work experience is necessary for a person starting this job? \_\_\_\_\_

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Should any part of this experience include supervisory experience?       Yes       No

**SPECIAL JOB DIMENSIONS**

Does your position require any physical demands such as standing for prolonged periods, lifting, bending, pushing, travel, etc? If so, what percentage of time? Please elaborate. \_\_\_\_\_

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Describe any dangers or hazards in the performance of your job duties: \_\_\_\_\_

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Describe your normal working schedule. Examples: Shift? Overtime? Weekends? Travel? \_\_\_\_\_

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**ADDITIONAL INFORMATION**

Include any other information that will aid in the preparation of an accurate description of this job

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**QUESTIONNAIRE PREPARED BY:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**SUPERVISOR REVIEW AND COMMENTS: To be filled out by Supervisor ONLY**

**Comments Made by:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Comments:**

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**HR DIRECTOR REVIEW AND COMMENTS:**

**Comments Made by:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Comments:**

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